THE PHYSICAL MOBILITY OF THE BLIND

Eleanor A. Reeves

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MEDICAL MOBILITY OF THE BLIND

A Study of the Travel Problems of the Employed Blind in the Hartford Area

Eleanor A. Reeves, B.A.
Hillyer College, 1950

Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Social Work
at
The University of Connecticut
School of Social Work
1957

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INTRODUCTION

The ability to move independently from one place to another is something that is very much taken for granted, especially in our present day society with its numerous modes of transportation. The average man seldom thinks of walking when he can ride, and yet, to the newly blinded, even walking is a problem, mainly because the risks involved cannot be calculated in advance. According to Bauman, a crippled person naturally has a greater ambulatory difficulty, but he can examine in advance much more accurately the exact amount of risk he will run in going out alone.[1]

Martha K. Miller, who wrote an introduction to an article by Richard Hoover, famous for originating the technique of cane travel taught to blinded World War II veterans, says that there is no completely satisfactory substitute for sight,[2] and most authors agree that mobility is the thing that the blind person misses most. The problem of general adjustment faced by a newly blinded person is one involving changed status, and certainly to activate and

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[1] Mary K. Bauman, Adjustment to Blindness: A Study as Reported by the Committee to Study Adjustment to Blindness, (Harrisburg, Penna.: State Council for the Blind, Dept. of Welfare, Commonwealth of Penna. 1954), p. 99.

[2] Martha K. Miller, "Foot Travel Without Sight," Outlook for the Blind and Teachers Forum Vol. XL (November, 1946), p. 244.

mobilize his ego, he needs tools to help him to regain his lost status as much as possible. This writer feels that mobility is one of the most important of these tools.

The ability to become physically and independently mobile varies widely among various blind people and the reasons for this wide variance will be more fully discussed in a later chapter. The background of the individual and his qualities of personality are most important in determining his ability to adjust to a visual handicap, but also the facilities available to aid him in making an adjustment can be considered as important.

Most writers on the subject feel that the ability to travel independently is essential to the best adjustment to blindness but in an area, like Connecticut, where little standardized training has been available, it is difficult to determine the role the ability to get around independently plays in the lives of blind people. The Seeing Eye in Morristown, New Jersey will praise to the skies the advantages of using a guide dog, and the blinded veterans are a shining example of how a young, healthy group of men from all walks of life, having little in common but their blindness, can take great strides under a standardized training program of cane travel. But what of those who never had the opportunity for travel training?

A blind person who travels independently must, of course, depend on public transportation and in many areas of Connecticut there is little or no bus service, as so many people drive cars. Even in the Greater Hartford area, many

people who work within the city limits live in outlying towns where it is more expedient to travel to work in a transportation pool. Thus, there are employed blind people in Hartford who have not felt great need to learn to get about alone, at least going to and from their places of employment.

Attitude toward travel is, as we can see when we examine the literature, a largely individual matter and whether or not people travel independently is far less important than how they feel about it. In the present study, after reviewing the ideas prevalent in the literature which bear on the subject of travel, I will attempt to examine the feelings of nine of Connecticut's employed blind people, in order to gain a beginning understanding of what has comprised the background pattern which brought about their adjustment to their ability or lack of ability to travel independently. Adjustment to blindness will be viewed only in so far as it contributes to the mobility situation.

Nationally established figures tell us that approximately 1.75 people per thousand in the United States are blind.[1] In order more fully to understand these figures, a technical definition of blindness must be given. Historically, the need for one developed after the passage of the Social Security Act in 1935 in order that Aid to the Blind could be properly administered. It was found that the American Medical Association

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[1] Ralph G. Berlin, "Estimated Prevalence of Blindness in the United States," New Outlook for the Blind, Vol. XXXII (September, 1953), p. 175.

defined "economic blindness" as the absence of ability to do any work for which sight is essential or "less than one-tenth" (20/200 on the Snellen chart), or an equally disabling loss of visual field.[1] Various states have made their own interpretations of legal blindness but most agree wholly with the above.

In discussing the amount of residual and possibly useful vision in this paper, I will use the six codes set up in 1940 by the Committee on Statistics of the Blind, as quoted by Bauman:

Code 10 Absolute blindness.

Code 11 Light perception (and/or projection) only.

Code 12 Motion perception and form perception up to but not including 5/200 (or up to but not including "Counts fingers at three feet").

Code 13 5/200 up to but not including 10/200 (or "Counts fingers at three feet but not ten feet").

Code 14 10/200 up to but not including 20/200.

Code 15 20/200[2]

Hurlin states that there are many unreported blind in this country, especially in far flung rural areas. Another reason for lack of information is that the upper level acuity cases and those on the borderline might function adequately and never know that the services of an agency for the blind are available to them. Hurlin applies a formula to estimate the

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[1] Ibid. p. 190.

[2] Manual on the Use of the Standard Classification of Causes of Blindness, Prepared for the Committee on Statistics of the Blind by C. Judith Korby, (New York: American Foundation for the Blind, 1940), p. 23 as cited by Bauman, op. cit. p.5.

number of blind in each state. The three determining criteria are public health standards, ratio of whites and non-whites, as there is a known higher rate of blindness among the non-whites, and number of people over 50, as over half of the known blind are over 50. According to his formula, the estimated number of blind in Connecticut was 3,197 in 1953.[1] The latest figures from the Board of Education of the Blind, which claims to have a more accurate account is 3,270.[2] Hurlin makes the point that using his formula does not furnish a good method for estimating changes in blind population but he feels the rate and number of blind are increasing and gives the latest national figures (published in 1953) as 308,000 in the United States.

Of the known blind population of Connecticut, 495 were employed as of June 30, 1956. Nearly 10% of those people are employed in the Hartford area, and of this group a random sample of twelve was taken, nine of whom agreed to be interviewed. The unemployed were not included as their need to travel alone is apt to be far less great, and also the employed person has a greater psychological need to identify with his seeing association.

With the exception of a fairly recent program at the Oak Hill School for the Blind in Hartford, which serves all of Connecticut's blind children, providing grammar and high school

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[1]Hurlin, op. cit. pp. 192-93.

[2]Figure obtained from the files of the Board of Education of the Blind.

education, there has been practically no formal instruction given in this state in independent travel. The small number who use guide dogs obtain training outside the state. While knowing blind people personally and working with them professionally, it has appeared to me that they often see themselves as a separate subculture and have failed to be integrated with seeing people as much as might be the case if they fit more acceptable. Much of the literature supports my theory that greater ability to move from place to place without a sighted guide leads to a greater feeling of independence and social normalness.

The Board of Education of the Blind in doing rehabilitation work, does not make the ability to travel mandatory to employment, for reasons already stated concerning many people's living situation. Yet this still leaves open the question of whether a person would have greater occupational choice if he could travel independently. Probably more important here in Connecticut, is the recreational and family life of the blind individual and how he feels it might be carried on in more flexible fashion were he able to travel, or whether it is more flexible because he can travel alone.

To summarize, my hypothesis is that greater physical mobility of a blind person means greater occupational and social flexibility.

CHAPTER I

REVIEW OF LITERATURE -- [illegible]

Literature concerning the blind is, with isolated exceptions, largely non-existent before the Twentieth Century, and what has been set down before the 1930's is, with a few notable exceptions, largely unprofessional or semi-professional. Teachers of blind children have written of their experiences in narrative and subjective fashion. Stella Plants comments that an evolving social philosophy in relation to working with the blind is still slowly developing and that thinking is confused.[1]

It is not the intention of this writer to report on medieval or colonial attitudes toward the blind. Suffice it to say that the concept of the "blind beggar" which is still in our social thinking had its roots early in Western Civilization. There are also one or two notable bright spots which show a unique turning away from the stereotype.

Karl deSchweinitz in reporting the work of Juan Luis Vives, one of the great thinkers of his day in organizing relief in 1526, quotes him as saying,

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[1] Stella M. Plants, "Home Teaching and Casework with the Blind," Blindness, ed. P. A. Zahl (Princeton, New Jersey: Princeton University Press, 1950), p. 119.

> Nor would I allow the blind either to sit idle or to wander around in idleness. There are a great many things at which they may employ themselves. Some are suited to letters. . . . Others are suited to the art of music. . . . Let others turn wheels . . . tend the wine presses, blow the bellows in the smithop . . . make little boxes. . . . Let the blind women spin.[1]

W. H. Levy quotes an article written in 1872 which stresses the importance of the blind being independent when necessary and gives complete instructions for cane travel which were not improved upon until World War II.[2]

The early emphasis in working with the blind was largely educational, concentrating on the residential school for the blind child where the emphasis was largely on social and academic training, with little or no preparation for earning a living. Lives of school graduates were lacking in satisfaction, according to Miss Plants, because of the poor preparation for interaction with sighted people received in a residential setting and because of the inability of society to accept the blind as participating members. The schools should not be blamed entirely, however, for patterns of response are begun at home in preschool years.[3]

Aside from a few private agencies in the larger

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[1]Karl Schleunitz, England's Road to Social Security, (Philadelphia, Pennsylvania: University of Pennsylvania Press, 1943), p. 32.

[2]W. Henry Levy, "On the Blind Walking Alone and of Guides," Outlook for the Blind and Teachers Forum, Vol. XLIII (April 1949), pp. 106-110.

[3]Plants, op. cit. p. 130.

metropolitan areas, attention was turned to the blind by social workers only when the Aid to the Blind program became a part of the Social Security Act in 1935, with forty-five states in the program by 1946. However, this program did not bring the services of the trained worker to the blind except for the above mentioned agencies and an occasional referral to a nonspecialized agency made by an agency for the blind.

The home teacher came in the early 1920's -- the time varied in different states -- to bring small but important skills and some psychological reassurance to the adult blind. The teacher was, and still usually is, blind herself, the psychological idea being that she could better help the newly blinded person gain self confidence. She attempted to bring the client her philosophy of life, and reading the Bible for spiritual strength received much emphasis. In some states crafts were more emphasized, in order to prepare the client for the sheltered workshop which was available there. More recently, individualization is applied to the person and family situation.

Standardization was slow in coming but was aided by the founding of the American Foundation for the Blind in 1921 and the Pennsylvania Institute for the Instruction of the Blind in 1922, now affiliated with the University of Pennsylvania. The former agency carries on research and publicity on a national scale in all areas of work for the blind including education, vocational guidance, employment, social research and legislation. The latter institution trains home teachers on a college level, giving some social work courses. At its convention in 1937 the American Association of Workers for the

Blind started its committee on standards and in 1941 the committee set up classifications for home teachers, class one requiring at least two years of college plus certain courses in social work and eye conditions. Class two requires one year in a graduate school of social work, but this classification gets a little emphasis. However, the social work approach is at least a part of the profession. In 1947 there were in the United States three class two teachers, sixty class one and fifty-two with service certificates. Personnel are hard to find as the blind person with enough varied life experience and all the training is somewhat rare. Also salaries are not high.[1] Home teaching methods will be discussed further in coming pages.

Psychological Aspects of Adjustment

Early psychological investigations, starting in 1895, were preoccupied with studying the blind person's sensory life, and study of personality problems is fairly recent.[2]

As Wallace says, the needs of a handicapped person are those of any human being and he must be seen as a total human being.[3]

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[1]Plants, op. cit. p. 126.

[2]Berthold Lowenfeld, "Psychological Aspects of Blindness" Outlook for the Blind and Teachers Forum, Vol. XLI (February, 1947), p. 3).

[3]Helen M. Wallace, M.D., "The Role of the Social Worker in the Rehabilitation of the Handicapped," Social Casework, Vol. XXVIII (January, 1957), p. 15.

All the authors seem to agree that there is no specific psychology belonging exclusively to the blind, but that there are specific difficulties related to blindness. However, there is some disagreement concerning emphasis on the difficulty of adjustment for the newly blinded person. Some place the emphasis on the past life of the patient being largely responsible for his attitude toward blindness. Miss Plants says that if past relationships have been good, he will pick up and go on, and if otherwise, he will use his handicap to meet his needs.[1] This simple idea is further elaborated by Blank.

> There is no evidence that impaired vision or disease of the eye inevitably produces distinctive major personality problems or ego defects. The developmental behavior and emotional problems presented . . . have essentially the same etiology as similar problems among the physically healthy or those suffering from other physical handicaps.[2]

On the other hand, there are those who believe that blindness is a handicap requiring greater adjustment than other physical difficulties. Adams says quite succinctly that "regardless of the individual, blindness changes just about everything. It means a complete sensory revolution."[3] Cholden gives us more details when he says,

> His capacities [those of the blind man], his interests,

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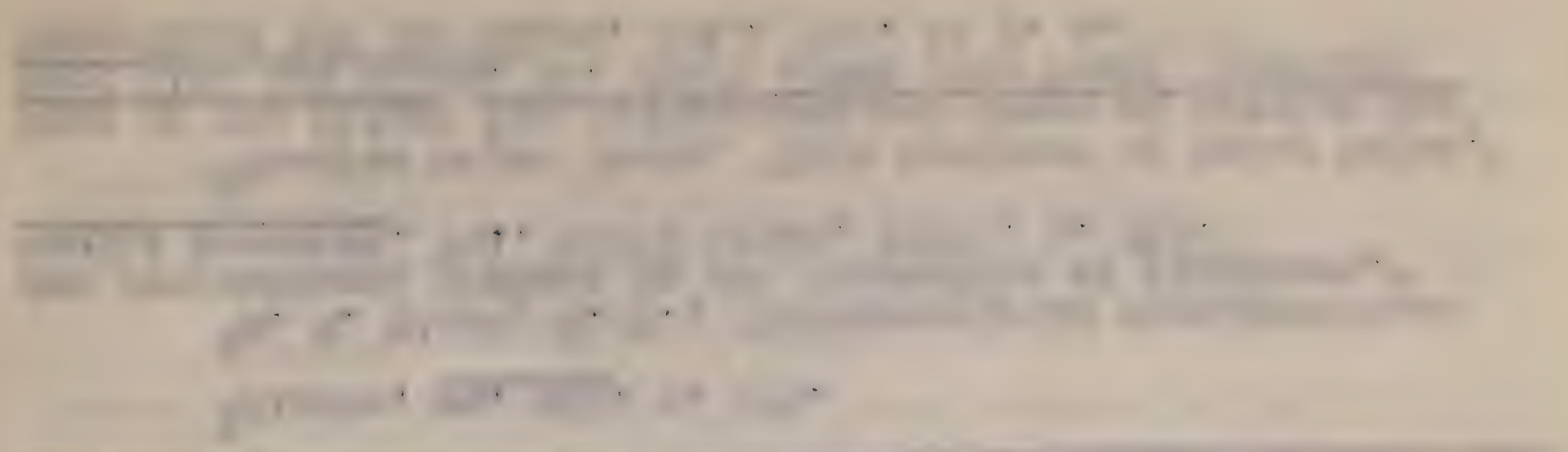
[1]Plants, op. cit. p. 137.

[2]H. R. Blank, M. D., "Psychoanalytic Considerations for Professional Workers in the Prevention of Blindness," Social Casework, Vol. XXXVI (July, 1955), p. 319.

[3]Charles Hayes Adams, "This Business of Being Blind," Aunt of the Blind: The Development and Scope of Present Day Work With the Blind, ed. Helga Lende (New York: American Foundation for the Blind, 1944), Vol. II p. 4.



> his social position, body image, are all affected, if not completely changed. And it is important to know that until he accepts the fact that he is this different person - a blind person - rehabilitation or the relearning necessary for adjustment to blindness cannot proceed.[1]

Sensory Adjustment

All authorities, whether psychologists, social workers, physicians or laymen, agree that with the loss of sight, the other senses do not become more acute. Sight is the master sense and with its loss control of the environment diminishes. The greater attention to stimuli from the other senses, and the development of thought processes coordinating all information from these senses, is not a free gift but is the hard won reward of special effort.[2]

The sense of touch, at which so many marvel when they see a blind person reading Braille, is really quite limited. Reading Braille is merely giving a meaning to tactile impressions.[3] Dr. S. P. Hayes, a leading psychologist who has tested many blind children, tells of the use of raised maps at schools for the blind, and his findings are that the blind are definitely inferior to the seeing at map reading.[4] Lowenfeld points

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[1] Louis Cholden, M.D., "Some Psychiatric Problems in the Rehabilitation of the Blind," Bulliten, Menninger Clinic, XVIII (May, 1954), p. 107.

[2] Samuel P. Hayes, PhD.; "Psychology of Blindness" Lende, op. cit. Vol. I, 1938 p. 69.

[3] Michael Gaffney, "The Blind are Not Apart," Survey Midmonthly, Vol. LXXXI (January, 1945), p. 14.

[4] Hayes, op. cit. p. 69.

out that in examining an object a blind person cannot observe it all at once. If it is small he uses both hands for a synthetic examination but if it is too large for this method, he must stretch his arms around it and imagine its size through an analytic method.[1]

Especially in using the tactile sense, the visual memory is of great help. Lowenfeld says that if vision is lost before age five, any useful visual memory is doubtful, though this matter has never had scientific study and is only commonly agreed upon.[2]

Hearing is, of course, recognized as the major sense, next to sight and its use will be further discussed when independent travel is described. The interpretation of sound is what a blind person has to learn. The olfactory sense is not to be overlooked, as it is used in locating places of business, foods, etc.

Lowenfeld and Hayes, the psychologists, agree with the vocational experts that there is no such thing as "facial vision," that is, the ability to sense obstacles a few feet in front of the observer with an actual response in the facial muscles, a theory popularly exploited after World War II. This sense of obstacle perception is a complicated combination of hearing and feeling of drafts, barely audible echoes, temperatures and pitch of sounds also being involved. Apparently this use of

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[1]Lowenfeld, op. cit. p. 33.

[2]Lowenfeld, op. cit. p. 31.

information from many realms is quite involved and emotional attitudes cause some blind to use it less capably than others. One blind instructor did some personal experimenting, testing his own obstacle perception when he had a temporary hearing difficulty and finding no response at that time. Later when the hearing was normal, he wore a mask and found the usual facial sensations were evident. Thus he was able to decide hearing was the main factor.[1]

The public constantly marvels at what must be the excellent memory of blind students. Lowenfeld and Hayes both agree that the memories of the blind are not superior. Hayes says that the subjects tested do a little better where short span memory is required because they concentrate harder, but that when motivation is similar, their performance is equal to the seeing. This man also feels that I. Q. tests may be a bit faulty, as they are adapted from tests for the sighted, involving omission and alteration of some sections.[2]

Emotional Factors in Adjustment

That blindness, either congenital or in later life, requires some emotional adjustment has already been established, Weiss tells us that

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[1]Forgor L. Lien, "Can Orientation be Taught Blind Students?" Outlook for the Blind and Teachers Forum, Vol. XXXIX (March, 1945), p. 65.

[2]Hayes, op. cit. p. 97.

> a feeling of insecurity and uncertainty results. This . . . increases nervous tension and a greater expenditure of nervous energy is required for a blind person to mingle socially in order to avoid . . . becoming conspicuous, awkward or obstructive.[1]

The areas of difficulty are seen in various ways by different authorities, but in general they appear to relate to the person's attitude toward the outside world and toward himself. Lowenfeld lists the areas of difficulty as mainly social, but in his explanations he relates them to the inner life of the person. He sees three main areas of difficulty.

One, range and variety of concepts: Hearing is vague in regard to spacial location, some objects are too large or too small to be felt (a mountain or flower), colors can only be imagined.

Two, the ability to get around: This is a cause for feelings of deprivation and frustration and effects development.

> The restriction in the ability to get about must be recognized as exerting great influence on the overall development of the blind child. He needs to be supplied with experiences and opportunities for activity. . . .

Three, control of environment: Behavior patterns cannot be acquired through use of sight and group conformity is difficult. Little imagination is required for further examples.[2]

Along more intra-psychic lines, Klein suggests that the ego suffers and needs strengthening in three areas:

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[1]Carl Voiss, "Reality Aspects of Blindness as They Affect Casework," The Family, Vol. XXVI (February, 1946), p. 364.

[2]Lowenfeld, op. cit. pp. 31-33.

acceptance (by others), use of the outside world, and in relating to basic drives.[1] Dr. Blank better explains how the basic drives are involved by telling us there are three unconscious elements involved in adjusting to blindness. These are

1. Unconscious significance of the eye as a sexual organ.
2. Unconscious significance of the eye as a hostile-aggressive organ.
3. Unconscious significance of blindness as punishment for sin.[2]

Cholden, also a psychiatrist, describes the emotional states through which a newly blinded person usually passes, saying that there is an initial period of shock, an emotional anesthesia of a few days to a few weeks and that he must be permitted this period of depression in order to mobilize himself for accepting his handicap. He must go through the feelings of self recrimination, hopelessness and lack of confidence and may even have suicidal thoughts. There will be psychomotor retardation and a period of mourning during which time he must alter his inner concept of self.

The resistance to acceptance of his handicap is due to the following internal forces:

1. Inertia - common resistance to change.
2. Stereotypes held regarding the blind as a class.
3. Irrational feelings regarding blindness including the unconscious feelings described above.

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[1]M. H. Klein, "An Individualized Approach to the Problems of Blindness and Impaired Vision," Lende, op. cit. Vol. II, p. 65.

[2]Blank, op. cit. p. 320.

4. Minority group aspect of the blind with accompanying personal devaluation.

5. Necessary dependency accompanying the handicap.[1]

Concerning the initial inertia Dr. Cholden comments upon the tendency of well meaning friends to encourage the patient not to accept his blindness but to hope for a "cure." Even opthalmologists take part in this unreal approach by withholding the facts of the prognosis from the patient. The author suggests that the true facts are anxiety provoking to the doctor and he should use more self awareness in dealing with the patient. He may want to prevent the necessary depression because he himself might become depressed at his failure to restore the patient's vision, and his possible personal reasons for choosing opthalmology as a career might also be involved.

The question of dependency and blindness is an interesting one. This is surely an area in which a person can use a handicap to meet neurotic needs, as blindness itself is a wonderful excuse for being dependent and the independent person finds it hard to face the realistic components of being blind and needing occasional assistance. Fitzsimmons says that a "blind patient shows conflict over dependency sooner and his adjustment takes longer than that of the average ill person" and this is surely an added strain on an already neurotic personality.[2]

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[1] Cholden, op. cit. pp. 107-109.

[2] Margaret Fitzsimmons, "Treatment of Problems of Dependency Related to Permanent Physical Handicap," The Family, Vol. XXIII (January, 1943), p. 329.

Many authors suggest that when one is newly blinded, childhood emotional feelings are reactivated and the doctor or social worker in the hospital may become a parent figure.

Maloney greatly simplifies the picture by suggesting that the special areas of difficulty for the blind are dependency and loss of status.[1] The latter is easily understood as one of the basic problems in being blind as a person's capabilities are certainly more limited when loss of sight occurs. But society's attitude also figures greatly in the picture of loss of status. Cholden relates loss of status to dependency by saying that "a sympathetic and somewhat guilty social milieu occasionally is willing to satisfy these dependency needs to an amazing degree."[2]

Society's Attitude

We can say a great deal about a person being a person, regardless of his handicap and professional people can help by seeing him as such in order to understand his needs. But the literature is full of most derogatory remarks and analytical statements regarding society's attitude toward the blind. So even an emotionally healthy person has something to overcome. He has a need to prove he is not different nor demanding of special considerations from the group he wishes to be like.[3]

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[1] Elizabeth H. Maloney, "Social Casework Approach to the Visually Handicapped Client," New Outlook for the Blind, L (April, 1956), p. 130.

[2] Cholden, op. cit. p. 112.

[3] Hunts, op. cit. p. 121.

"What he cannot face is the fear that because of his blindness he becomes a different person to those who are closest to him as well as to society at large."[1] This author who is herself blind, may feel some personal need to be defensive. She surely does not follow Cholden's statement that the blind man is really different and needs complete intra-psychic re-orientation.

A somewhat middle-of-the-road point of view is taken by Goffner, who says "not only is blindness itself a great human tragedy, but lack of understanding and certain attitudes of the public make the lot of the blind person much harder than it need be."[2] More specifically, Lowenfeld says that social treatment causes emotional conflicts and feelings of inferiority[3] and Klein backs him up saying that society's attitude has a drastic effect because the blind person must either conform or rebel.[4]

Although only a small percentage of the blind lose their sight in early life and attend schools for the blind, it is worth considering the opinion that schools for the blind fail to prepare students for society's attitude. Klein says that "the residential school could be relegated to the horse and buggy era where it belongs" an integrated schoolsoon provide a worthwhile experience for both blind and sighted children.[5]

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[1]Ibid. 137. [2]Goffner, op. cit. p. 14.

[3]Lowenfeld, op. cit. p. 39. [4]Klein, op. cit. p. 95.

[5]Ibid. p. 91.

Also some graduates of schools for the blind have the unreal economic idea that the state owes them a living. This author's personal experience has been, when contacting many schools for the blind regarding teaching positions a few years ago, to discover that there is a gradual but definite trend away from the residential school. New Jersey provides "braille classes" in public schools where recitation periods are carried on in an integrated class room and many of the schools, including the one in Connecticut, are sending upper level high school students to public schools. Seeing blind children interrelate with normal children should broaden the outlook of children as well as adults.

Himes lists factors which effect the social adjustment of every handicapped individual as follows: One, the character and extent of the disability. There are three types of disabilities, structural, sensory and organic. It must be remembered that only the effected body part is restricted, and the other parts function normally.

The second important factor is reaction to the disabled person. In society there are two major group reactions. One admits a limit and allows for necessary adjustment and treats the person as capable in areas not effected by the impairment. The other sees the handicap as being diffused throughout the personality, with disability as a key to personality. These attitudes vary in time and place and for this reason, there is hope for social change.

However, social intercourse, under the latter type of situation, is rendered pathologically superficial and

impersonal and does injury to the person and the group by stereotyping, especially those who cannot escape like the Negro, the Oriental and those with permanent physical disabilities. Here we see the concept of "the blind" as a subculture.[1]

Hines goes on to describe three constructs in our cultural thinking: the blind beggar, the blind genius and the superstition of extra-sensory perception. The blind beggar is a cautious, timid defeated man who is useless and dependent, stupid and ignorant but somehow has a rich inner life centered in imagination.

The blind genius is less distinct with no traditional symbols. But somehow he can do things considered impossible for any blind person and this ability is not developed from normal capacities but is a particular gift.

The superstitions involve organic compensation giving magic powers to the blind to sense the presence of others and to feel colors, etc.[2]

The result of these three constructs is a tendency to give meaning to blindness, character to the social situation already described, and social control not allowing a blind person to compete in activities of others. This social reaction

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[1]Joseph S. Hines, "Some Concepts of Blindness in American Culture," Social Casework, Vol. XXXI (December, 1950), pp. 410-12.

[2]Ibid, 412-13.

is not accurate but it is compatible with every day thinking. There is a "downward flowing pattern of reaction manifested in pity, sympathy and generosity" which is patronizing, demoralizing and damaging.[1] Dr. Blank develops this thought a little further when he says: "We find in our society widespread irrational, contradictory and paradoxical attitudes toward the blind . . . that are shared by the visually handicapped themselves."[2]

Treatment Considerations

The same two points of view previously noted, the blind as requiring a complete reorientation and the blind as just other people who cannot see, are carried out in the literature regarding treatment. Weiss says that special techniques are needed to meet the special difficulties[3] and Maloney says that no special body of knowledge is needed if the individual approach and casework methods are used.[4] Maybe they are both merely explaining different phases of the same situation. Surely casework and psychiatry can help the blind by using methods they always use, for "the client who is blind presents the same defenses as any other person faced with the unhappy need for help from a social agency."[5] But certainly the foregoing discussion of the social attitude toward blindness

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[1] Ibid. 414. [2] Blank, op. cit. p. 320.

[3] Weiss, op. cit. p. 364. [4] Maloney, op. cit. 129.

[5] Maloney, op. cit. p. 130.

points to the fact that society has little real knowledge about blindness and a newly blinded person needs at least to know where a referral should be made in order to bring him services which will help him discover by other than trial and error methods wherein lie his real physical limitations and what abilities still remain with him. It has, incidentally, been this writer's personal experience that many social workers do not know community resources specifically for the blind.

There can be no doubt that special services are needed for the newly and the congenitally blinded, either services especially geared to the needs of the blind, or services which aid in emotional adjustment. The question to be debated is, what services are given? when should they begin? and are the present needs for service being filled?

All the articles on casework with the blind outline usual casework methods and generally describe what a worker does; in a hospital or family setting. The usual lists include financial, preventive service, help with housing, use of the term approach, arranging for institutional care, interpreting diagnosis to families and making hospital discharge plans. According to Klein, environmental manipulation is especially effective with and needed by newly blinded client.[1]

The family centered approach is emphasized by many workers, and rightly claims one should treat family difficulty

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[1] Klein, op. cit. p. 90.

with blindness as a contributing factor.[1] The blind person needs much support in order to maintain his own personality[2] or develop the new one which Holden suggests.[3]

The earlier outreach writings of the 1930's are full of case histories written from a colorful sentimental point of view with the tone of "buck up" and "where there's a will there's a way." Holden claims the bedside is the best place to begin, before paralysis and bad habits set in. She says very personally that the blind can be independent and at one point makes the statement that we do not admit that we have limitations, which hardly seems realistic.[4]

Fortunately later articles take a more professional viewpoint toward outreach problems. There has been professional growth in the approach of home teachers, probably the service offered to every blind person known to an agency and rarely widely used, more in some states than others. Few remarks were made earlier about the history of home teaching. Its method is to come into the home offering much varied and homely skills as counseling, orientation to one's own home,

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[1]Harris, Op. cit. p. 90.

[2]Dorothy E. Anderson, "The Social Generation in Relation to Concepts of Blindness," Social Casework, Vol. XXXI (December, 1950), p. 436.

[3]Ibid. p. 12.

[4]M. F. Nelson, "The Adjustment of the Newly Blind, Lewis, Op. cit. I, p.

Braille, typing, handcrafts and moral support. Home teaching is of especially great help to the older people who constitute more than half of the nation's blind and who would probably be housebound even if they could see. The skills the teacher brings serve to test and develop the client's capacity for adjustment rather than being an end in themselves. The home teacher is the one who sees a family situation and she should be sensitive and skilled enough to know when a referral is needed or when a young person might be a good candidate for rehabilitation. Agencies, of course, have limits and all resources are not available in all parts of the country. The home teacher is sometimes the only one who can see a client in some far flung rural area, and her continuing on a case when there is a deep seated personal problem, and merely bringing surface help, can be questioned and may be damaging.[1]

Where she is usually a good first contact, the home teacher might not always be the best one[2] for there are cases when the hospital social worker or psychiatrist might be more appropriate. Though Holzer feels that a blind social worker is a really fine idea[3], Klein who writes a bit later, says that a blind teacher is only psychologically good for the newly blinded.[4]

Agencies for the blind seldom employ trained caseworkers.[5]

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[1]Lantz, op cit. p. 129. [2]Ibid.

[3]Holzer, op. cit. p. 109. [4]Klein, op. cit. p. 94.

[5]Lantz, op. cit. p. 129.

Without a nation-wide or at least state-wide survey, it is difficult to determine how much need exists. Referrals can be and are made to private agencies, but the result of this lack in the agencies for the blind appears to be that the concentration in the literature and in the work is on rehabilitation and home teaching, and it is this writer's feeling that these are the services about which the blind are generally informed, while casework and psychiatry are still great mysteries.

Psychiatric consultation has been used at the New York Guild for the Jewish Blind[1] and the Kansas Rehabilitation Center for the Adult Blind[2] for a few years. Dr. Cholden also did group therapy at the latter center,[3] but discussion of all three of these projects is prefaced by the statement that this is a new venture and is, therefore, somewhat a trial and error method. However, the processes described are the same as those used in any other agency. A few added suggestions are made, such as that the face of a blind person, especially one blinded in early life, is a poor indicator of emotion and one should watch the hands which are the eyes of the blind person.[4]

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[1]H. H. Blank, M. D., "Integration of Psychiatric Service in a Casework Agency for the Blind," New Outlook for the Blind, Vol. XLVI (October, 1952), p. 279.

[2]Louis Cholden, M. D., "The Role of the Psychiatrist in the Adjustment Center for the Blind," New Outlook for the Blind, Vol. XLVI (October, 1952), p. 225.

[3]Louis Cholden, M. D., "Group Therapy With the Blind," Group Psychotherapy, Vol. VI (May & August, 1953), p. 21.

[4]Ibid. p. 25.

Dr. Cholden also remarked that the blind he worked with found it difficult to discuss their emotions, thinking no one else had the same problems, adding that this can be true of sighted people also.[1]

Psychiatric consultation is also used at some other adjustment centers and the few experiments would indicate that it can be helpful to any blind person with special emotional problems.

Conclusions

To summarize, it might be well to refer to Blank's statement concerning etiological factors causing emotional problems, as it points up well all sides of the picture:

1. Disturbed parent-child relationships in infancy and early childhood.
2. Psychological traumatic experience in later life [onset of blindness].
3. Failure of society to provide economic, educational, medical and professional services to the blind child and adult.[2]

Here we have all the possible causes for emotional conflict summarized together with an implied treatment plan.

All the authorities seem to conclude their writings by saying that there is further need of research.

The Baumann study which covered five states in the middle Eastern Seaboard, compared a well adjusted and more poorly adjusted group. The well adjusted group were those performing

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[1] Ibid. p. 22.

[2] Blank, "Psychiatric Considerations for Professional Workers in the Prevention of Blindness," op cit p. 320.

adequately in family, community and employment while the other group had opposite characteristics. Also included was a third group, meeting the qualifications of the first, but being unemployed.[1] For our purposes, only the first two groups will be mentioned. The well adjusted group had higher I. Q., better integration with their families, more were married and the pattern of family relationships was more apt to be what it would have been had the person been sighted.

The first group was better educated, but in some cases poor education was overcome by intelligence and perseverance.[2]

Other aspects of this study will be discussed later under other headings. The measuring of adjustment, though most thorough, was not done with much consideration given to intra-psychic conflicts. Discussion of family attitudes would probably come close to the emotional area, but again it was mainly the overt functioning in day to day activities which was really measured. However, this is the only scientific sociological study done in respect to all aspects of adjustment to blindness, which has been completed. The American Foundation for the Blind has a listing of many that are in progress.

We can apply what we know from psychological testing done with the blind and we can apply what we know about growth and development and the dynamics of human behavior. But apparently much more remains to be learned before conclusions can

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[1]Bauman, on cit, p. 14.

[2]Ibid. pp. 129-30.

be drawn. Wallace says caseworkers are needed and Himes says research is needed on obstacle perception and psychological testing. Klein says little is known concerning basic drives as they operate with the visually handicapped because little psychiatric work has been done. Hardin says that more community organization work is needed[1] and here we have an approach which has great potential and which has only been hinted at.

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[1]Owen Hardin, "Methods of Community Participation in Programs for the Blind," Lende, op cit. Vol II p. 100.

CHAPTER II

REVIEW OF LITERATURE -- INDEPENDENT TRAVEL

The previous chapter has shown that there are an infinite variety of attitudes and personality patterns among the blind, as among any other heterogeneous group of people. Thus, it will not be surprising to find that blind people have many and varying attitudes toward the matter of independent travel. Let us first define what we mean by independent travel. Such gives a good definition when he outlines the purpose in teaching the World War II blinded veterans to travel with the aid of a cane. He defined the objective as "to get around in familiar places and find the way in unfamiliar places with a minimum of help."[1] This quotation is taken directly from Richard Hoover who designed and developed the travel method taught at Valley Forge Hospital.[2]

The literature of the late 1940's, when the World War II methods were beginning to be adapted to civilian training, abounds with methods of instruction and detailed accounts of how to use the remaining senses. However, practically all

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[1]Arnold Such, "Blindness and Travel," Outlook for the Blind and Teachers Forum, Vol. XLIII (Oct. & Nov., 1949), p. 216.

[2]Richard E. Hoover, "Foot Travel at Valley Forge General Hospital," Outlook for the Blind and Teachers Forum, Vol. XL (November, 1946), p. 249.

authors also emphasize the psychological component involved in independent travel, telling us that the person must be ready and willing to attain this kind of independence.

Lion gives us a simple definition of orientation saying it is "getting oneself right with reference to surrounding objects so as to be able to go about independently."[1] Hotter defines the problem in much broader terms when he says, that

> training in the use of white canes and guide dogs is frequently confused with the much more all inclusive process of full orientation. . . .The problem . . . would be easily disposed of if independence lay in a bamboo cane.[2]

He goes on to tell us that those who do not become independent in moving around usually lack motivation, or have a wrong attitude or other learning problems.

Readiness was described well by Miller when she wrote an introduction to Hoover's account of the Valley Forge veterans' training program. "We are as we think, and the blind person who would travel alone or independently must begin the journey within the boundary of his own mind."[4]

A Federal Security Agency publication carries the idea one step further saying that "left to his own resources, almost any blind person who has average intelligence and

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[1] Lion, op. cit. p. 64.

[2] W. Stanley Hotter, "Orientation to Blindness," Outlook for the Blind and Teachers Forum, XLIII (December, 1949), p. 291.

[3] Ibid. p. 290.

[4] Miller op. cit. p. 246.

sufficient incentive, will learn to get about in some manner."[1] The complicated set of factors which may furnish or detract from this motivation or incentive are many and varied. As indicated in the last chapter, "the visually handicapped person has definite problems to solve concerning mobility before he can adjust satisfactorily to a seeing society."[2] Miller phrases this thought another way when she says that there is no completely satisfactory substitute for sight.[3] Let us examine some of the factors listed as contributing to the necessary adjustment and making for differences in attitude toward and ways of solving the mobility problem. Almost every author who has written about mobility gives such a list. A compiling of these lists would include:

Physical fitness.
Hearing discrimination.
Intelligence Quotient.
Whether or not blindness is congenital.
Previous training and family circumstances.
Muscular coordination and sense of balance.
Sense of direction.
Alertness and quick thinking.
Ability to concentrate and sustain attention.
Acceptance by family of idea of travel.
Mental attitude toward travel, emotional stamina and motivation.
An objective attitude toward accepting reasonable and necessary assistance.

Perhaps this list makes it a little easier to understand how many and varied personality and emotional factors can be involved in travel.

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[1]Federal Security Agency, Office of Vocational Rehabilitation, Adjustment and Prevocational Training for the Blind, A symposium conducted at the conference of state workers for the blind, Pottsville, Penna., September 1945. p. 10.

[2]Auch, op. cit. p. 268. [3]Miller, op. cit. p. 24.

The natural aids available to a blind person are auditory, tactile, olfactory, kinesthetic and obstacle perception.[1]

Specific resistances to traveling, most of which sound more like rationalizations, are cited by some authors. Miller lists dependence on a family member and danger of changing the relationship, and says that women who lead more protected lives resist the idea of going out alone.[2] Even when calling this rationalization, one need not deny the impact of family attitude on a person's own attitude, for any person wants to relate well to the people on whom he is dependent, not only for material aid, but for love and understanding. However, the blind person needs to realize where his own dependent attitude is keeping him from being independent in travel, and the extent to which family really is involved. Referring specifically to the use of the cane, Hoover says that adults have many fears and prejudices regarding it, and its symbolism of blindness and the historical stereotype of helplessness is surely involved here. Hoover goes on to say that high school girls resist the cane for cosmetic reasons, for at that age they can get companions easily, and that younger girls show no such resistance.[3]

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[1]Fed. Sec. Agcy. op. cit. p. 9.

[2]Miller, op. cit. p. 245.

[3]Richard T. Hoover, "The Cane as a Travel Aid" Blindness, ed. P. A. Zahl (Princeton, New Jersey; Princeton U. Press, 1950), pp. 358-59.

Bauman emphasizes the importance of so called "travel vision" in getting around. Referring to our earlier definition of blindness, anyone having light and form perception up to 5/200 or better (codes 13, 14 and 15) is considered to have travel vision, meaning that they can, when walking about, use their vision to avoid obstacles, recognize landmarks, perhaps see traffic lights or at least the movement of people, etc. Use of vision depends also on the amount of light, for depending on the nature of the diagnosis, some people are well in dimness, others need much illumination. Very little has been written about the problems of the "partially sighted" who are legally blind, and most of the authors consulted merely state that their problems are different from those of the totally blind. Bauman's study includes them and examines their attitudes and performance in every area measured. Apparently this small amount of vision makes a great deal of difference where travel is concerned.[1]

The Federal Security Agency lists three things necessary to develop in learning to travel: self confidence, maximum use of natural aids and use of an artificial aid, such as a cane or guide dog.[2]

The Cane

Since the World War II veterans' training program, the

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[1]Bauman, op. cit. p. 99.

[2]Fed. Sec. Agcy. op. cit. p. 9.

cane has probably been the most popular travel aid for the blind. It was given a fair trial by 400 to 500 blind men who had little in common except their youth and who had the financial and public moral backing which many civilian blind have lacked. Most of them did not for long lose their self confidence and they since have taken their places beside their sighted neighbors with a minimum of apparent strain.

The history of the white cane, however, goes back to World War I. It was used in France and later brought to this country in 1931 and distributed by the Lions Clubs, becoming a national symbol. By 1949 twenty-five states had legal provisions to give protection to blind persons carrying a white cane.[1]

The old style white cane, made of wood, is cumbersome, ungraceful, heavy and a poor conductor of impulses from objects with which it comes in contact. The more modern design is light, long and durable, usually made of metal. It is only .5 inches in diameter and weighs six ounces. Charles Ritter, at the American Foundation for the Blind, has done much work to improve the design of these canes and has developed a folding telescopic model which is easily carried in the pocket. Richard Hoover describes the "perfect cane" as being adjustable in order to give maximum protection, light and durable but strong enough for support, a good conductor of sound and vibration, comfortable handle, not too cold or

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[1] Hoover, op. cit. p. 356.

slippery, with a tip that does not catch or stick. The length will vary according to the stride, length of arm, posture and method of holding. The tip should touch where the tip of each toe touches with each stride.[1]

It is not intended here to give a detailed account of the Hoover cane technique, for such accounts are easily obtained. Suffice it to say that there are methods for using a cane indoors and outdoors, ascending and descending stairs and crossing streets, if it is necessary to accomplish the latter unaided. The cane is used primarily as a bumper, then as a probe. Many of the non-war blinded do not approve of the Hoover method of swinging the cane from side to side, just ahead of each stride, preferring to use the method of following a sidewalk or hedge or building line, keeping a straight line and not wasting motion. The Federal Security Agency tells us of a symposium at Pottsville, Pennsylvania, where five states and the District of Columbia were represented. A questionaire was sent out to thirty workers for the blind throughout the country, who were blind and whose ability to travel was unquestioned, in order to get opinions regarding need for courses in travel training and what should be emphasized in such courses. Of the 25 who answered 2 favored the Hoover method, 2 said it was good for beginners and 21 did not favor it for the above stated reasons, saying it puts too much emphasis on the cane itself.[2]

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[1]Hoover, "The Cane as a Travel Aid," op. cit. p. 363.

[2]Fed. Sec. Agcy. op. cit. p. 11.

The Hoover system is, however, the only standardized method which has been used with a large number of people. "Valley Forge was possibly the largest concentration of newly blinded people for whom one rehabilitation program was ever available in the country."[1] The veterans there had two things in common, their loss of sight and previous good health. Their ages were from teens to forties and they had all been treated differently before entering that hospital. They were given a companion-instructor who did all things with them and the training was in three stages: striking up a relationship before the patient is ambulatory, instructing and allowing him to be independent. There were twenty-two travel lessons, six without the cane. After the ninth, the veteran went downtown. With a lot of push to develop skill and self confidence, days accomplished what could have taken years.[2]

The Guide Dog

Again, there are varying opinions about the guide dog as the answer to the travel problem. Auch claims that a dog is not the answer to any personality problem, and reminds us that only ten percent of the blind can use a guide dog, according to The Seeing Eye, in Morristown, New Jersey, first establishment in this country for training of dogs and their masters.[3]

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[1] Miller, op. cit. p. 244.

[2] Hoover, "Foot Travel at Valley Forge," op. cit. p.249.

[3] Auch, op. cit. p. 244.

Of course, this statement is better understood if we recall that over fifty percent of the blind are over fifty and a good deal of physical stamina is required to use a guide dog, or at least to pass the training course.

Hector Chevigny, on the other hand, says that

> the properly trained guide dog will, given a master who is also properly trained and who has the situation under control, guide his blind master with fully as much safety as would any human guide.[1]

The Seeing Eye is the oldest and probably the best training center in this country, but there are others. Dogs are trained at The Seeing Eye at fourteen months and have a service life of six to nine years. They are tained for three months, plus one month with their master.[2] The romantic story of how the first guide dog was brought to America is easily located in popular literature. There is an abstract of Morris Frank's latest book in a recent issue of the Reader's Digest. Mr. Frank was the first person in the United States to have a guide dog, back in the early 1920's.

The owner of a guide dog from The Seeing Eye gets a month of rigorous training. Policies are very rigid and he must work hard, not only to learn to travel everywhere and in all weather with the dog, but to establish a relationship with him, winning him from his original trainer.[3]

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[1]Hector Chevigny, "A User's View of the Guide Dog as a Travel Aid," op. cit. p. 370.

[2]Ibid, op. cit. p. 345.

[3]Chevigny, op. cit. p. 380-81.

Mr. Chevigny claims that a dog's servitude is a matter of choice, that he is not forced into bondage and the public should not feel sorry for the dog. He points out that dogs used as pets love to serve their masters, and so does the guide dog.[1]

This matter of servitude may be a historical one. Nelson Coon tells us that the dog as a guide dated back many centuries. There is in the Metropolitan Museum of Art in New York City a Chinese scroll done in the Twelfth Century, which is a copy of an earlier painting. The author has also seen Japanese wood blocks and all of these picture a dog leading a man, not following him at heel. Mr. Coon goes on to tell us of Johann Wilhelm Klein of the Royal Blind School in Viena who wrote a Textbook for Teaching the Blind in 1819 where a careful account is given of how to use a dog as a guide, with a rigid stick fastened to a loose brace around the dog's body and held in the hand of the blind man. Mr. Coon raises the question of why it took 100 years for this idea to be improved upon.[2]

The disadvantages of a guide dog are listed as follows: Ave-Lallemant says they are conspicuous, much physical stamina is required, they are often restricted to the guiding

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[1] Ibid. p. 160.

[2] Nelson Coon, "Guide Dogs for the Blind; Whose Idea Was It?," Outlook for the Blind, Vol. L (June, 1956), pp. 132-33.

employed and they require care and expense of the owner.[1] Chevigny points out that World War II blinded feel that the position of the person is weakened by the dog because they depend on it too much. He feels agencies for the blind do not like the guide dog, because they encourage dependence of the person on the agency. Dogs are not good for exhibitionistic people, as others pay more attention to the dog and the public sometimes misunderstands and thinks the dog is suffering, especially when it is disciplined.[2] Bauman points out they are not welcome everywhere, and she names employers and gives an examples of people who do not accept the dog.[3]

Some of the advantages have already been listed. Chevigny feels there is less anxiety with a dog and many authors point out that women feel safer traveling alone anywhere they like. Chevigny says the blind are necessarily dependent anyway, and in feeling this, they can enjoy depending on a dog.[4]

Guidance Devices

Since the Second World War some experimentation has been done with radar type devices which the blind might carry

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[1] Frederick W. Ave-Lallemant, "A Review of Travel Methods - Their Advantages and Disadvantages," Proceedings, American Association of Workers for the Blind, (June, 1951), p. 67.

[2] Chevigny, op. cit. p. 362. [3] Bauman, op. cit. pp. 105-106.

[4] Chevigny, loc. cit.

as a visual replacement. However, though quite a bit of work has been done by Haskins Laboratories under the sponsorship of the National Research Council and later at Massachusetts Institute of Technology, and apparently several experimental devices have been constructed and tried, nothing of practical use has been developed.

C. M. Witcher says that a travel aid should enable the blind person to walk safely and independently at normal speed in regions comparatively free from vehicular traffic and extreme irregularities of the terrain. During the past ten years, a two-fold problem has been pursued, finding the requirements for the device and building it. There is more involved than a physical and engineering problem, for the physiological and psychological aspect is apparently much more important, and has great influence on the designs thus far produced not being accepted.

The latest device, which Witcher describes well enough to satisfy an electrical engineer and bewilder this writer, is designed to enable the blind person to avoid fixed obstacles at the rate of one to two per second when walking five feet per second. It is supposed to give warning of a step down eight feet ahead, and this has been one of the more knotty problems. The sensory channel, after much experimentation, it was decided must be other than auditory in order to present no interference. The device must perform equally well under all weather conditions and should afford no undue inconvenience to the user, providing about the same relaxation

as one has while driving a car.[1]

The electronics people have apparently worked very hard and it appears that now research is needed into the problem of whether the device is really practical and if so, why people resist using such a device. The resistance, however, is only by implication, and the articles written give no clear picture of how much actual testing of these devices has been done.

Sighted Guide

There is little to be said about the use of a sighted guide except that from a purely physical point of view, it is obviously the easiest way for a blind person to get around. Bauman says it is the most limiting method and in her study, was used by the least adjusted people.[2] Auch points out the financial burden sometimes involved in hiring a guide to accompany one for business appointments, and makes the point that use of the sighted guide makes the user feel more physically dependent but need not detract from his particular human worth.[3]

Ayo-Lallemant cliims that most blind people prefer this method of getting about, even though it is the most

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[1] Clifford M. Witcher, Analysis and Design of a Travel Aid for the Blind, (Cambridge, Mass.: Research Laboratory of Electronics, Mass. Inst. of Tech., 1955), pp. 2-3.

[2] Bauman, op. cit. p. 107.

[3] Auch, op. cit. p. 243.

frustrating.[1] So apparently it is a matter of having independence and putting forth much effort to get it, or being more physically dependent but having companionship and a liaison person to provide the visual replacement.

Recent Surveys

As was stated earlier, the Bauman study is about the only one which examines adjustment to blindness statistically, in all its phases of the individual's activity, that is, travel, education, employment, family life, amount of residual vision, etc. Half of the group Bauman studied traveled alone, and 59 percent of this group have some useful vision. One-fourth of the group do not travel away from home without a guide, and, strangely enough, 30 percent of these have "travel vision." However, it is pointed out that these people are mostly newly blinded. Eighty-seven percent of those with less than travel vision who do go out alone, use the cane. There is no relation between travel and place of residence and very little between age at onset of blindness and travel, though early loss of vision is associated with a little more travel.

The people who go anywhere without assistance are more capable mentally and less inclined to emotionality, more socially integrated and self-confident and have a better attitude toward their blindness. This and the amount of residual vision are the biggest components in travel. One-third of the people tested had some training, but a large number of

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[1] Ave-Lallement, op. cit. p. 66

these were dog users. In Group A, the well adjusted group, 69.9 percent of the families favor travel and only 40.5 percent of group C's families (Group C is the poorly adjusted group) favor it.[1]

The Spring Mills Conference, the findings of which were edited by Langerhans and Hedkey, was an examination of what adjustment centers are doing. It is interesting to note that five years after the end of World War II over thirty centers were said to be in operation in this country. However, this workshop proved that their content and standards allowed for much variation. Limits and possible standardization were discussed and all areas of adjustment training were thoroughly gone over with a definite lesson plan set up for travel training which, if followed to the letter, should leave no stone unturned.[2] The Pottsville, Pennsylvania symposium, published by the Federal Security Agency, has an informative chapter on travel, ending an extensive list of eighteen things to emphasize in a training course. One interesting item says the blind person should develop the "ability to follow poor as well as good guide service."[3]

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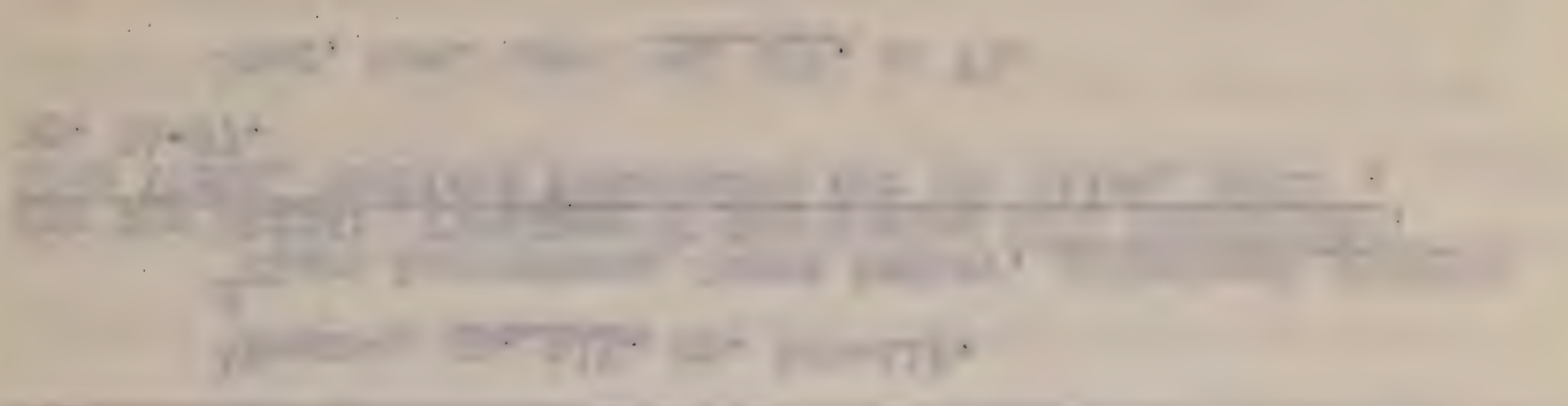
[1]Bowman, op. cit. pp. 100-112.

[2]Clare Langerhans, Henry Hedkey, Adjustment Centers for the Blind: Findings of the Spring Mill Conference, (New York: American Foundation for the Blind, 1951), pp. 34-57.

[3]Fed. Sec. Agcy. op. cit. p. 13.



Employment

We are here interested in employment insofar as it relates to travel. Goffner says that

> a blind person who is physically and mentally fit has the same desire as a seeing person to take his full share of responsibility as a useful member of society.[1]

Truplin makes a little stronger statement when he says that

> permanent employment of the blind is possible only when they develop a maximum degree of independence and do not become the annoying responsibility of their employers and fellow workers.[2]

Goffner points out that long lists of jobs performed by blind people are published and look very imposing. However, such lists can often be misleading, as jobs for the blind are generally hard to acquire and just because one man does a certain job, it does not mean another is suited to it. Goffner believes that a minority of the blind hold their own and that many have additional expenses due to special assistance needed.[3] However true this is, he makes no mention of the fact that over half of the known blind are over sixty and might not be working anyway.

Bauman found that about one-third of the employed group of blind studied were in factory work, 21 percent being

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[1]Goffner, op. cit. p. 15.

[2]Emily C. Truplin, "Foot Travel Via Hoover Cane Technique to Placement," Outlook for the Blind and Teachers Forum, Vol. XLIII (April, 1949) p. 111.

[3]Goffner, op. cit. p. 15.

in the professions and 15.4 percent being in vending-stand work. The rest were in offices, doing farm work, service or labor jobs. The I.Q.'s for the factory workers were higher than the average for sighted factory workers, but in the other fields intelligence corresponded to the sighted. When intelligence was low, partial vision sometimes aided in the work situation.[1]

Recreation

Only one study on recreation was discovered. The Gravitz study had a twofold purpose: (1) to determine the degree of difference of social participation between the blind and non-blind adults, and (2) to determine distinctive elements of social participation between blind adults.[2] The author concluded that sight is not a determining factor in recreational choices, for though some blind said they would do different things if they could see, it was found that other blind did do these very same things. Therefore, it would appear that lack of sight does not really limit recreational choice, but is a source of discouragement. Of the group questioned, 54 percent belonged to clubs. They visited friends, neighbors and relatives, in that order and 62 percent of their friends were visually handicapped. The activity range was wide and the preference for blind companionship was felt to be due to the fact that the school system was segregated. This group was contrasted

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[1] Dawson, op. cit. p. 92.

[2] Leonard Gravitz, "Social Participation of Blind Adults: A Study," New Outlook for the Blind, Vol. XVIII (May, 1954), p. 149.

with one tested earlier by Kohn and Meyer in New Jersey where the school system is integrated, blind children attending braille classes in public schools.[1] This seems, however, to be an oversimplification of the facts as statistics show that only a small percentage of the adult blind were educated when blind.

Bauman found radio to be the most frequently mentioned recreational activity. The more adjusted group chose movies and reading a little more frequently. Amount of vision seemed to make no difference in choices.[2]

Research

As has already been noted, almost nothing has been done in the way of sociological research in the area of work for the blind. An interesting article by Dean corroborates some of the findings of this study. He states that experimental work is badly needed and "facts should supplant the autobiographical material if knowledge about the blind is to achieve a level while understanding and prediction occur regularly."[3] At least three books which are really informational and somewhat objective, have been written about the blind in the past ten years. The rest are autobiographical, some most stimulating and challenging. Many are fictional. Invita says but there is a look

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[1]Ibid. pp. 149-51. [2]Bauman, op. cit. pp. 110-20.

[3]Sidney I. Dean, "Some Notes on Research Problems With The Blind," New Outlook for the Blind, Vol. 1 (June, 1956) p. 200.

of integration in the whole field and what is going on is not easily accessible if you are in a different area of the country or branch of the work. He points out bibliographical failings and poor use of terminology, saying that too much is vague, especially, in reference to use of terms like "blind" and "adjustment."[1] He believes there are not enough "doers" in the field and names half a dozen men whose work is really professional. He cites other deficiency things such as inaccurate conclusions, partial theory, unclear empirical vs. the rational approach, fragmentation, etc. Criticism is good, but this man makes only one constructive suggestion. He recommends that the American Foundation for the Blind publish a purely professional journal which would give people a bit of editorial prodding to do better writing. Yet he makes no mention, negative or positive, of the New Outlook for the Blind which has become much more professional recently. Professionalization is coming, if slowly.

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[1]Ibid, p. 202.

CHAPTER III

STUDY MADE IN THE HARTFORD AREA

Plan of the Study

As stated in the Introduction, there are 3,270 blind people in Connecticut, about 495 of whom are employed.[1] This is approximately 15 percent and it may appear to be a surprisingly small number until we remember that over 50 percent of the blind in the United States are over fifty and a large number of these would normally be retired. Some of the rest are housewives who would not choose to be employed and other reasons for 85 percent not in the labor market could be only guesses unless a study were made.

Of the 495 blind employed in the state, almost 100 were employed in the Greater Hartford area as of July 1956.[2] The study group was selected by taking a random sample from those in visual codes 10, 11, 12, and 13, as it is apparent that many people with 'travel vision' do not have travel problems similar to those whose vision is of no help to them in getting around.[3] There is considerable doubt about the wisdom of including people

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[1] Supra, p. 5.

[2] Figures obtained from the files of the Board of Education of the Blind.

[3] Supra, p. 4.

in Code 13 but the original plan was to include three of these people to determine how they felt about travel problems of the partially seeing. Also influencing the decision was the fact that only twenty-eight of the employed blind in Hartford fell into Codes 10, 11 and 12, and it was decided that such a large group of the legally blind should not be omitted entirely from the sample, because their attitudes and experiences would contribute something to the overall picture.

A letter was sent to each of the twelve people stating the purpose of the study, asking their cooperation and saying that they would be called by telephone within a few days when an appointment would be requested. One person refused to take part. He said he was driven to work and never went out alone and when it was explained to him that it was not the purpose of the study to speak only with those who did travel alone, he suggested it would be best to talk with some of the members of the Blinded Veterans Association as they had much experience in the travel area. This man was a veteran and it might be that he felt embarrassed because he was not using his travel training. The other two who were not interviewed showed sufficient resistance to making or keeping appointments that it was decided that, though their reasons for resisting the study would be most interesting, time and energy to pursue the matter were not available.

The other nine selected were most cooperative, readily agreeing to be interviewed in their homes in the evening or into

afternoon. Questions asked first were those concerning place of employment, cause of blindness, living situation, etc. Then the questions regarding independent travel were raised and eventually their personal opinions were solicited regarding travel as related to the blind.[1] The interviews were not highly structured and the various items on the Interview Guide were not always covered in the order given. The length of interviews and the time spent on each item varied considerably.

Age, Living Arrangements and Education

The group presents a varied cross section of age, education and living situations. The ages of the respondents were from 24 to 66 years of age, the average age being 42. Five were male and 4 female, 5 were single and 4 married. It is interesting to note that the 4 females were single and one of the 4 married males was married to a blind woman. It is a matter of speculation that none of the women were married and nearly all of the men were, but the sample is too small for any conclusions to be drawn. Three of the couples had their own children and one man, recently married, had step children.

Living arrangements are varied. Two live with parents, two single females, and the other two room and board in Hartford and visit families out of town once or twice a month. Three married males own their own homes, one rents and the other male who is single gets room and board at his place of employment.

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[1]See Appendix.

The educational background could be that of any 9 people in Connecticut. Three of the respondents attended only grammar school, one saying that his poor vision made it hard for him to keep us with the group and he only completed the fifth grade. One chose trade school instead of high school. The third missed many years of school due to poor health and made some progress learning orally in a nonspecialized school but did not finish eighth grade. Two of these three people are more or less self educated and have always done a good deal of reading. The remaining 6 are high school graduates.

Three respondents attended public schools exclusively before loss of vision, 4 attended schools for the blind exclusively, and two attended both integrated and segregated schools. One of the latter 2 found a school for the blind unavailable where he lived and did poorly in public school. The other made transfer in early teens due to failing vision and aside from repeating one year in order to learn Braille, made an excellent academic adjustment.

One respondent had a year of college, one took one course on a college level, and one has taken correspondence courses in Braille since graduation from high school.

It is interesting to note that the 4 who attended only schools for the blind all finished high school and this fact is indicative of the pattern which most students of schools for the blind seem to follow of finishing high school regardless of occupational objective, or maybe because of the lack of it.

Employment

We get a beginning picture of the personalities of these 9 people as we look at their employment situations. Five of the respondents worked in industry doing relatively unskilled work requiring a minimum of training and education.

Two of these industrial workers have "travel vision" and one, a thirty year old single female, does routine bench work. She is a cheerful person who claims to be satisfied with this type of work, though her original reaction was negative. Her initial reason for feeling this way was because of the nature of the work which apparently disappointed her. However, she has remained on this job for over 5 years and apparently made a satisfactory adjustment to the routine of her life, enjoying a living with her family and having a fairly active social life. The other partially seeing respondent, a male in his late thirties, works as a stock room clerk and is very proud of the fact that he sees well enough to use his vision to complete the necessary paper work and is treated "just the same as anyone else." When he was first employed, he did packing and was kept sitting at a bench with the girls, but when his foreman found his vision permitted him to get around easily, he gave him the usual man's assignment. This man feels that having a visual handicap makes it difficult to get employment and gives much credit to the Board of Education of the Blind for helping him in this area. He has been on the present job for over 10 years.

The other three industrial workers are totally blind and present widely differing personality pictures. One, a veteran in his early thirties who travels everywhere he wishes alone, works at twenty-seven different sub-assembly jobs and finds his own way around his department, going to get work rather than waiting for someone to bring it to him and not minding a bit if the foreman sometimes runs to help him. He has been at the present place of employment for over 10 years and did machine work until the department needed to lay off some men six years ago and he was transferred to his present job. He would prefer machine work feeling it requires a little more skill, but is happy with his present work.

The second industrial worker, congenitally blind male also in his early thirties who also travels independently, does machine work and has been on the job for ten years. Unlike the veteran who collects a total disability pension from the Veterans Administration, this man alone supports himself, his wife and one child and owns his home which is modest and comfortable. He is noncommittal when asked if he likes his work, saying he is glad to be working but would like to use his brain a little more.

The third industrial worker does bench work, preparing material for assembly. He has worked at the same plant for over ten years, during half of which time he has been blind. His attitude is one of discouragement and helplessness. Though he and his wife are both employed, he complains bitterly of being poor because his handicap is not service connected. He expresses much fear of the blind traveling on the streets or even using

about indoors unemployed. His wife works in the same plant and brings him to his bench each day and picks him up on her way out. Otherwise he doesn't move except to go to the men's room and then with a guide.

The other 4 respondents are employed as 2 vending stand operators, one X-ray technician and one switchboard operator. The 2 vending stand operators are females. The vending stand program is operated by the Board of Education of the Blind under the Randolf-Sheppard act permitting blind people to operate stands in public buildings rent free, selling cigarettes, candy, magazines, etc. Some of these stands are operated with agency supervision, but more recently most of the operators work independently, doing their own bookkeeping and hiring someone to do the necessary eye work. One of these respondents, in her mid thirties, likes work where she meets the public and has been on the job approximately 15 years. However, she expressed the sentiment that sometimes you "have little longings to do something else, something more soul satisfying."

The other vending stand operator who is over sixty and preferred to withhold her exact age, has previously done work at the sheltered workshop for the blind, where she had some supervisory responsibility. She prefers sales work, enjoying a sense of responsibility involved in running the small business which she has operated for over 10 years.

One female respondent is in a work area more recently

entered by the young blind woman, that of darkroom technician, developing X-rays taken in hospitals or in radiologists' offices. This young lady lives two blocks from her work at a hospital and enjoys the work and the people she meets. She is a sunny, easy-going person who appears to be aware of few problems. She has been employed since graduation from the school for the blind three years ago.

The remaining male, aged sixty-six, attended a musical conservatory for a year and has earned his living largely by teaching music and performing. For the past fourteen years he has operated a Braille switchboard at a local institution for the blind, also doing occasional entertaining. He is glad to have the switchboard job but prefers musical activities and looks nostalgically back on his days as an entertainer and church soloist.

It is interesting to note that in the Bauman study it was stated that about 15% of those interviewed had been in the same kind of work for ten years or more and nearly half had made a job change within the past two years. It appeared that job stability was about the same as among the sighted and the comment was made that improved rehabilitation conditions made it possible for people to get more suitable work.[1]

In view of these findings, it was surprising to discover that all the respondents in the Hartford study had been on their present jobs or with present employers for ten years or more;

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[1]Bauman, op. cit. p. 92.

the 2 exceptions being people whose work history began with the present job. The longest term of employment was 15 years, the shortest was 2½ years, and the average was 11 years. This history of no job changes could be due to one or a combination of many factors. Perhaps people have been hand picked for the various jobs and the Board of Education of the Blind, which procured most of the jobs, made such careful selection that people have been completely suited to their work. Or, to go to the opposite extreme, perhaps there has been so much discouragement in the area of job possibilities for the blind, that people lack initiative to attempt to make changes.

Berman makes the following statement regarding the employment problem for the blind: "Certain kinds of jobs are difficult or impossible without vision, but equal difficulty arises from the fact that employers are unwilling to hire the blind worker."[1] As the local agency has recently added to its rehabilitation staff, it would be safe to assume that it has been understaffed in this area and thus personnel to find new jobs for those already employed but dissatisfied may have been lacking. This sample is too small to be significant of any overall trends, but the fact that none of the respondents has made a job change in ten years should be noted.

Extent of Vision

The majority of the respondents have no useful vision.

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[1]Ibid. p. 11.

five are in Code 10, there is one in each of Codes 11 and 12 and 2 in Code 13.[1] It might be noted that one of the latter related that he had an acuity of 20/200, though his name was on a list I had received from the local agency of those having 10/200 vision or less. As this man indicated that there has been no change in the amount of his vision since his birth, and thus there was no change since the original agency record was made, it would appear that he may have some misunderstanding regarding his visual acuity. At any rate, this man has other visual problems as he is completely color blind and extremely light sensitive about which he claims to be a bit self-conscious explaining that his eyes blink constantly in bright light. On the street he wears extremely dark glasses, shade 5, with side shields and in more lighter tinted glasses at work. It finds it easier to get about at night when there is less glare. He travels without assistance, standing on corners where busses are sure to stop. He can read print and has apparently made excellent use of his remaining vision. The diagnosis is, according to respondent, achromatopsia.

The female factory employee has some congenital deficiency of the optic nerve and is in Code 13. She seems to use her vision about as well as the man, travel-wise, but does her reading in Braille or on the Talking Book. However, as she attended the school for the blind exclusively, this is not surprising.

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[1] Ibid, p. 4.

The female in Code 12 is a vending stand operator who has always maintained a good deal of physical independence in her life, though she does not carry a cane. Due to complications of whooping cough at age seven, there was considerable damage to her vision because of ruptured blood vessels and she grew up as a blind person. Her reason for not attending the school for the blind in Connecticut was that it was not in existence during her youth. However, as she is about the same age as another respondent who was one of the school's first students, it would be safe to assume that either community information regarding the school was poor at that time or her parents did not want to recognize her blindness to the extent of sending her there. She missed four years of school due to illness but has been self taught and learned to read Braille as an adult from a home teacher.

The remaining female is in Code 11 and does not attempt to make any use of this small amount of vision. She has chronic uveitis and secondary glaucoma which has caused her vision to become progressively worse since age two. She could see well enough to attend public school until her freshman year in high school.

Two respondents were born blind and one was blinded at age three and can, for functional purposes, be considered congenitally blind.[1] Two were blinded in adult life, the veteran

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[1]Ibid., p. 13.

and the extremely dependent worker described earlier. The latter man lost the sight of one eye in his teens due to an explosion and a retinal detachment occurred in the other eye in 1950 shortly after removal of cataract.

All of these people have found varying emotional and physical ways to cope with their blindness and have chosen varying kinds of employment. Their emotional attitudes will be examined further in following chapters.

CHAPTER IV

INDEPENDENT TRAVEL -- FACTS

Even among the small group questioned, the travel problem was solved in a variety of ways, and with varying degrees of independence resulting.

Extent of Travel

In estimating the extent each respondent travels, Bauman's three categories were used.

a) Travel in and around the home only.

b) Travel in familiar places beyond the home, or both and forth to work, to a familiar shop or to the home of a friend.

c) Travel wherever the individual wishes, regardless of whether he has been to this place before.[1]

One respondent falls in class A, 3 in class B and 5 in class C. One respondent who travels in and around the home only is a man whose general attitude has already been noted as one of helplessness and deprivation. He never mobilized his own resources to travel alone and has developed a highly structured rationale for his timidity.

The 3 respondents who travel in familiar places are, either coincidentally or otherwise, all females. Perhaps this fact supports an earlier statement that women are more reluctant

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[1]Bauman, op. cit. p. 100.

to go out alone, especially when visually handicapped. The two vending stand operators and the X-ray technician all travel to work under their own steam, though they go most other places either with the help of sighted friends or using taxis and porters. Proximity to their place of employment is different in each case, which supports Baumann's finding that place of residence and travel have no positive correlation. The X-ray technician lives two blocks from her work, walking back and forth to the hospital not only on work days but also on weekends for her meals. She visits her family in a city sixty miles away about twice a month and manages this alone by using taxis. This young lady also seems to enjoy depending on the fact that people in these familiar places like the hospital and the bus terminal have come to know her and are happy to offer assistance when necessary.

One of the vending stand operators travels to work on the bus alone, again depending on the passengers and bus drivers who have come to know her and walking the one or two blocks necessary without a cane, using what little vision she has, light form and motion perception, plus a good memory. The other vending stand operator lives in an outlying town where little public transportation is available. She rides to work in a car pool finding her way into the building. However, she walks to church a short distance from her home without assistance or even a cane, though she is totally and congenitally blind. As the church is the only place she goes beyond the house and yard, it is obvious that there is special motivation

here and we are not surprised to learn that she is the assistant organist at church, also conducting a junior choir.

The five remaining respondents travel wherever they please. Two of them have enough vision so that they need not depend on others much more than the average sighted person when using public conveyances. Their problems are probably more in the emotional area and will be discussed further in the next chapter. The other three are totally blind and are, incidentally, the only three in the study who use a cane primarily. These people use a sighted guide only when a friend might ordinarily accompany them for social reasons, had they their sight.

Method or Tool Used

There is only one guide dog user in the Hartford area, and as his name did not come up in the random sample, he was not interviewed.

As stated above, 3 respondents use a cane primarily; three use a human guide, 2 use nothing and one uses the cane and guide with equal frequency.

The 2 partially seeing people use no tool or travel aid except that of their resourcefulness to find ways of better utilizing a small amount of vision. The X-ray technician, who walks to and from work and her meals, uses both guide and cane. Yet she does not travel to other parts of the city without a friend and when she is with her family, she is always guided by a family member.

Of the 3 who use a human guide primarily, one never ventures beyond his own home without assistance and it would be assumed he even uses assistance inside the house, as he sleeps on the first floor, on a couch in the dining room, where he can avoid climbing stairs and he never changed his position sitting on the couch during the hour the interviewer visited him. The other two are both women. One of them manages to get about a good deal, often going out of town to visit relatives and when doing so, using taxis and porters. She has no family obligations except to visit these out-of-town relatives, and belongs to quite a few clubs and has many friends. Thus, sighted assistance is often available to her. The other has an obligation to help in the care of an ailing relative, but previous to the time of this illness, was on her own to the extent that family members sometimes failed to give needed assistance. This respondent used a cane for a brief time, after receiving some instruction in the Hoover technique from an interested worker at the Board of Education of the Blind, who had been instructed in the technique but never taught it. The respondent never used the cane sufficiently to gain confidence in it, and now claims she has no real need for it, which is often true, as she is driven to work and has friends to take her the places she can spare the time to go.

Training

As previously stated, no formal training program in

Independent travel has ever been given in Connecticut except for a course at the Oak Hill School for the Blind, initiated two years ago. An experimental course was also given in the summer of 1956 sponsored by the Board of Education of the Blind and participated in by six people.

Of the group interviewed, only one had received formal travel training and this was at Valley Forge General Hospital, where he was one of the first to learn independent travel and helped to instruct some of the others. The other 2 totally blind men travel anywhere they like are self-taught and developed the technique when they felt the necessity to go somewhere and had no guide. Another blind man was often used as a resource person while learning.

It is extremely interesting that the 2 who received partial instruction have used it in a limited manner only. The one who lives in a rural area never gained the confidence or felt the need to travel alone about the city in which she is employed, as her habit of depending on others had begun early. She graduated from the school for the blind and was later placed by the Board of Education of the Blind in her present position. It was not until after age thirty that the short period of instruction was given to her, and by this time she had little motivation to make use of it.

The other young lady attended public school until her freshman year in high school and operated as a seeing person until that time. Her brief instruction was given her by the Rehabilitation Counselor who got her the hospital job and she

was able to apply the knowledge given in the limited setting for which it was specifically provided. Her lack of motivation to carry over this tool, which she uses so easily, into other areas of her life is an interesting topic for speculation. She is apparently satisfied with the limits of her world. She conforms beautifully to what is expected of her and seems to be happy.

Activities and attitudes of this group of people at least would probably indicate that the amount of training has little bearing on the amount of independent travel achieved. Whether or not one travels is much more a matter of individual needs and the means the individual finds to meet them.

Recreation

Quite a variety of recreational activities were listed by the respondents, radio being the one most chosen, as in the Kauman study, as all 9 respondents mentioned it. It is interesting to note that 4 also named television despite the fact that only 2 in the group have useful vision. Apparently some blind enjoy the audio features of many programs and find that watching TV makes them a part of the family group. Six said they enjoyed reading, though one specified the Talking Book, which is a system of recorded books read by volunteers, other expenses being paid by the government through the Library of Congress. The others stated they did not enjoy reading Braille because they had never developed speed to approach that which they previously had enjoyed as sighted

readers. The most helpless and defeated of the respondents said he was "too old" to learn Braille. Seven of the respondents named movies as one of their activities, though many stipulated that they did not go frequently and only enjoyed certain kinds of movies where following the plot was not dependent upon seeing a good deal of the action. Two did not name movies as an activity. One was the aforementioned helpless man, and he incidentally named no other activity except the radio, his family and going fishing. He himself commented that one did not need sight to sit in a boat. The other respondent was one of the most active otherwise. He was, however, married to a woman who was also totally blind, and they enjoy their home, their child, the radio and their friends. Apparently, spending a large portion of one's time with another blind person takes for less motivation to do things because sighted people do them.

Nine respondents enjoy the company of friends and 8 mentioned family groups, one not having a family. Five respondents hold, or had once held, church memberships and 4 stated membership in church social groups. Five belong or once belonged to the Blind Peoples Association, a social group composed mostly of older blind people, and 2 of these had dropped out for personal reasons. Two had previous membership in the YMCA or YWCA before marriage and one belonged to the Blinded Veterans Association. Only one indicated interest in club membership outside of church groups.

The following hobbies were listed: Two enjoy tape recorders, making music, fishing and playing cards. There was one preference each for bowling, woodshop, swimming, knitting and attending lectures.

It would appear that here we have a variety of recreational pursuits which would correspond to those of any small sample of sighted people. The attempt was not made to discover which activities were preferred by the respondents, but merely to find out what sort of things they did and if their interests were related to travel in any way. No relation between type of activity and amount of travel was noted with the exception of the most helpless man who seemed to be afraid to attempt very much. Respondents' feelings regarding the relationship of recreation to lack of sight will be discussed in the following chapter.

Travelers Aid

Each respondent was asked about his experience with Travelers Aid. Four had had none and one had no personal experience, but knew of others who were helped. The other 4 had experience and expressed various degrees of negative feeling. One respondent said it was a "comfort to know there was such a thing" but did not find them really helpful and felt she could do as well on her own with taxis and porters. The general attitude seemed to be one of "they mean well but ---." The further explanations included accounts of apparently incompetent workers, making decisions for the

blind which they could well have made themselves, and generally not inspiring confidence. The wife of the blind couple had found Travelers Aid positively negative." The agency had requested much information concerning plans even down to clothing to be worn, a month in advance, and then had made a major project of getting the three member family from Grand Central to Pennsylvania Station, planning their meal-time and selecting a restaurant the couple did not want. Respondents expressed the feeling that one must put up with a great deal of frustrating experience in order to get a service. Travelers Aid employs volunteers as well as professionally trained personnel. These findings might be indicative of a need for more intensive training of the agency's volunteers, especially to meet the needs of the blind which society in general understands poorly.

CHAPTER V

INDEPENDENT TRAVEL -- PERMITTED

Family Attitude Toward Travel

Family attitude toward the blind person going out alone was mentioned earlier as a possible contributing factor.[1] Each respondent was asked how his family, either parents, siblings or wife, felt about this. The two married men who use a cane and go where they like, denied that anybody worried about them, then turning and asking their wives if this was true. One said that she worried when the husband was late, the other when he is going to a strange place. It is interesting to note that the latter remark was made by the wife who is also totally blind and who places great confidence in her husband, for when they go out together, he is usually the leader, though she can and does travel alone. Despite the fact that she has confidence in her husband, she has not lost sight of realistic dangers.

Only one respondent denied that anybody worried about her and this was a young lady who claimed she had been away from home a good deal, attending the residential school for the blind, and her family was accustomed to her being on her own. However, it would appear that when she is at home with them,

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[1] Supra, p. 33.

she never does go out alone, so they are not faced directly with her independent travel situation. At any rate, if they worry about her en route to visit them, she is not aware of it.

All other respondents admitted to some family member worrying, usually mother or sibling. Responses such as "the family needed convincing" or "they worry but let me do as I wish" were common. One respondent told a rather sadistic story of how his brother, who highly disapproved of his going anywhere alone, used to come by in his car when the respondent was waiting to cross a street and race his motor when he saw his brother start across, so the brother would think the light had changed and the traffic was about to move. This apparently was calculated to scare the blind brother into being more cautious. It might also indicate some rather strained relationship between these brothers.

The attitude of the wife of the man who never goes anywhere without her help was most complacent. She apparently is agreeable to any set up he wants, and probably enjoys her maternal role of taking care of him. It was she who told how he sleeps downstairs because he has all he needs right there and it was she who directly answered some questions when he attempted to joke them off.

Generally speaking, no indication was found of specific influence of family attitude on whether or not the blind person travels independently.

The Respondents' Attitudes

The Most Dependent Respondent

To return to a discussion of the man just mentioned, he showed a good deal of hostility toward the world in general and indirectly toward the interviewer, saying that others had advantages which he lacked, especially feeling bitter, mostly for financial reasons, because his disability is not service connected. It is possible that he would also like the prestige of being a war veteran. He took the general attitude that resources for a blind person should come from outside the individual and this could easily explain his lack of motivation to do anything for himself. His hostility sometimes showed up in a joking way and it seemed to please him if the jokes were laughed at. He spoke of not watching TV because he needed a red light, chasing blinds on Saturday night, when questioned about recreation, and gave his age as eighty-nine, though it turned out to be fifty-two. It probably is safe to assume that this man feels deprived and contrated by his handicap. He appeared to be an excellent example of one who is using his handicap to meet his neurotic personality needs.

His attitude toward independence in travel for himself and other blind was that it is much too dangerous for anybody without sight to go out alone, there are traffic hazards and a million other dangers. He made the rather paradoxical statement that because he has his family, he can be "independent" and not ask help from others as you have to do when you go out alone, and here might lie the key to his

feelings. Being so dependent on his family, he does not have to admit his own blindness to others and can thus avoid facing it himself.

His attitude toward the study was also contradictory. He seemed quite willing to be visited and even over the telephone started to unload some of his feelings regarding his deprivation. Yet he expressed direct hostility toward the interviewer when it was discovered that her father worked in the same plant as he did, but in a supervisory capacity, making the remark that the father could probably write him a big check. This was probably an expression of the more concealed feeling that the whole world is better off than he is. At any rate, he showed extreme concern over the interviewer's visual handicap, suggesting that she not use her eyes, even though assured that medical advice was to the contrary. As his vision had gradually failed and he was at one time partially sighted, he identified with this interviewer and his parting remark was a caution to "take care of yourself." As this man lost the sight of one eye in his late teens and only became totally blind less than ten years ago, he probably had been preoccupied with thoughts of blindness during all his adult life.

The Most Independent Respondent

At the other end of the continuum regarding attitude toward self is the veteran, a highly capable and somewhat reticent man who told of himself only with a little gentle prodding. He said he was a poor one to interview because he

really had no problems. He had been lucky. Independent travel had been easy for him to learn and he had enjoyed helping some of the other war blinded who came to Valley Forge after he did. He described an incident when he had taken another blinded soldier to the dental clinic, not letting him know he too was blind until the trip was over, and had thus shown this man, who was incredulous, that a blind man can find his way around. This man showed no real preference for having a guide or going out alone. He said when you are in a hurry, sometimes it is more convenient to use a guide. He believes firmly that if you want to get somewhere you should be able to do it under your own steam. When traveling he is self-confident but cautious, believing that it is seldom safe to cross a street without help. He described an amusing incident which happens to him occasionally, when he is taken across a street at a four-corner intersection, in the wrong direction. But he prefers this extra trip to taking chances on his own.

This man feels the war blinded and civilian blinded are two different groups and when questioned, could not explain this situation very well, only offering the comment that the veterans were all blinded when young adults and thus had more in common. He gives the training course at Valley Forge dubious credit for his independence, feeling that a lot of the work was his, as was necessary. This man owns his own home and supports a wife and three children.

All respondents were asked to respond fully and freely to the final question concerning their personal findings of effect of travel on all places of life, for themselves and other blind.

The above respondent, when asked this final question, said that travel is important to the extent that it affects everything in one's life.

The Musician

The musician, a man who has been blind all his life and pretty independent physically and otherwise, feels that a guide is preferable 'if you can get one.' He says there are some places he doesn't go because he is blind, but his life story pretty well denies this statement. He may be a little resentful or maybe just realistic when he says that "anybody who says he likes being blind is a darned fool." He likes to review the amusing experiences he has had when traveling and entertaining. The ones he recalled told of the "blind beggar" concept as reflected in people's remarks. For instance at a buffet served at a club meeting at which he entertained he heard someone remark about the pickles and mentioned that he hadn't known there were any. He heard a woman say, "My goodness, that man ate pickles and didn't even know it." He also told of practically being lifted off his feet when getting off a bus because someone tried to "help."

When asked the final question, this man replied that

travel was an individual matter. It depends on attitude, and families can help or hinder. You have to be a little better than the average -- be smart more capable, -- when you are blind in order not to be criticized. Here was a man who has probably chosen an occupation which brought him into the public eye as a reaction formation to a feeling of being unacceptable because he was blind.

The X-Ray Technician

The X-ray technician we have already discussed to some extent. Here is a girl who does her limited traveling without apparent fear of physical injury or doubt that others will help her if necessary. She is cheerful and satisfied with her place, as previously stated when discussing her lack of motivation to carry what she has learned about travel to other areas of her life.[1] When questioned, she says that she would enjoy a training course which would enable her to go anywhere and that she might go out more if it were easier for her. At the same time, however, she says she likes to go places with people, and there is some doubt that she would go out alone, even with better tools. She tells quite comfortably of how people in the neighborhood know her and willingly help her, and it would appear that this girl makes friends easily in spite of, or even because of her blindness, and also certainly because of her pleasant disposition. Here

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[1] Hurm, p. 66.

there is little indication of what is occurring beneath the surface, as one interview did not completely convince this writer that she has no problems. It all seems too simple.

The Two Vending Stand Operators

The vending stand operator who lives in the country and travels only around home, naturally prefers a sighted guide as this is the method of travel she uses most. For this preference she gives the reason that a guide provides you with information about the environment and it may be that this is her main reason for not continuing to use the cane, after receiving partial instruction. She became accustomed in early adulthood to getting the amount of information which one receives from a sighted companion, and the information given by the cane was not sufficient to provide her with emotional security. When a questionaire was sent out from the school for the blind, from which she graduated, asking former students to make suggestions regarding curriculum, this respondent stated a preference for a course in independent travel, feeling that if she had learned this when younger, she might make more use of it now. She stated admiration for other blind who do travel independently, but it would appear this girl's dependent nature has been nourished sufficiently to prevent her from achieving further independence in this area.

In answer to the final question, this respondent stated that she felt she might do different things if she

could travel more freely, though she couldn't say just what. This is probably a part of the somewhat vague desire to do something different occupationally, described earlier.[1] This is a general feeling of wanting something better and more satisfying from life which certainly is not restricted to blind people.

The other vending stand operator, who travels a good deal in taxis, trains and inter-urban busses, says that she definitely prefers a guide, adding that she would not have confidence in a dog, though she is fond of animals as pets. She considers the matter of method up to the individual but feels all blind should travel alone.

It is interesting to note that this woman maintains a good deal of independence, but refuses to carry a cane. She can see shapes and forms and colors and uses the somewhat precarious method of following others across streets though she only sees blurs. She walks alone around familiar parts of the downtown Hartford area, but admits that this is a nervous strain and that she has found it harder in more recent years. Apparently her reason for not carrying a cane is largely aesthetic, as she says she would "feel strange" carrying one. This woman has found strangers are often helpful. On the other hand, she related an incident when she injured her leg getting on a train when she had sighted help, at which time people did not seem to understand

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[1] Supra, p. 50.

her need for assistance. She told a story which she thought quite amusing of a drunk who asked her for a dime for a cup of coffee when she asked him if it was safe for her to cross a street. A story about this woman was related by another respondent which fills in the picture. Someone told this woman that people should always be themselves and she replied that when you are blind you cannot be yourself, illustrating this remark by saying that had she good vision she would like to visit historical places. To her, being blind is not being oneself and though she has made an excellent surface adjustment, it would appear that she has not fully accepted her blindness. Thus she cannot bring herself to carry a cane.

The Third Industrial Worker

The male industrial employee who is married to a blind woman has a quiet and unassuming personality, but is very independent in his actions. The couple enjoy being self-sufficient and depend on sighted friends as little as possible, even doing their own shopping in the downtown stores. Many blind people shop by telephone using personal shoppers or go to stores with sighted friends. But this couple, though they do use the telephone, also enjoy getting out and examining the merchandise before buying. They have memorized the locations of many departments in one of the City's largest stores and find their way by asking questions.

This man prefers a sighted guide, but qualifies his statement by saying that "it depends on the guide." He and his wife told the interviewer many amusing anecdotes wherein people were overhelpful, especially telling them where to get off the bus even if they planned for a good reason to get off at a different corner than usual. Bus drivers also, instead of answering their question as to the destination of the bus, would tell them it was not their bus, assuming they always wanted to go the same place. This couple take this type of patronizing attention with good natured tolerance, admitting that it is maddening but saying that "you have to be nice." The reason is that some other blind person might want and need help in the future -- a sort of group consciousness. Also operating is a desire to understand that people mean well. Perhaps in addition we have here a need to act in an acceptable fashion in order to deny somewhat the concept of the "blind beggar" or at least not add to it a concept of the blind as ungrateful.

This couple does not go out a great deal because they have a young baby that keeps them at home and because bus service in the area is not good in the evening. The respondent feels that whether blind people travel is an individual matter and says that it depends on your personal resources. He feels that if you want to travel badly enough, you will find a way, as this has been his experience. This man has solved the problems relating to his handicap by denying that difficulties cannot be surmounted, and though

this currently has occupied a good deal of energy, it has been highly rewarding.

The Two Partially Seeing Respondents

The 2 respondents with "travel visions" have already been discussed to some extent. They have no real problems in avoiding obstacles or even in reading bus signs when the buses are close, but any emotional attitude would appear to center around a need not to require assistance, and possible denial of the visual handicap. Explaining to others how much one with limited vision can see is a difficult and lengthy process, and if one's eyes appear normal, embarrassing questions may result when inquiries concerning the surroundings are made of passers by. The public will assume thoughtlessness or lack of observation on the part of the inquiror concerning the location of a street or place of business or bus, and often will become impatient, and the partially seeing person prefers to avoid this kind of embarrassment. The male interviewed said he always stands near a bus stop where there is a traffic light and where many people wait so he will get an opportunity to see the sign himself and will not need to stop the wrong bus, even if this requires walking a few blocks. Part of this method has a realistic foundation as bus drivers will sometimes pass a lone person who does not signal well in advance, but it also appears that this man has a need to appear sighted. This respondent wears dark glasses and people

sometimes try to find him seats or help him on busses, but he minds this, stating that he minds it less now than he did when he was in his early twenties. This is the only person in the study who raised the question of the cosmetic aspect of a visual handicap in regard to attracting the opposite sex. He said his need to be pleasing to girls made him more self-conscious of his handicap. There may be some relation between this attitude and the fact that he did not marry until his mid thirties. He is proud of the fact that he seldom needs any help when traveling, though he admits to taking a taxi to get to an address in a strange town, maybe more frequently because of poor vision.

This man prefers to be independent and does not want a guide, but wishes somehow it could be made easier to travel, admitting that it is sometimes a nervous strain.

The young lady with partial sight says she prefers to have company when she goes out, but does go alone. She believes social independence is especially important for all blind people and seems to feel that men have solved this problem better than women. She feels this getting out alone should start in school, although she herself did not receive such training. This girl has an injury to the optic nerve which leaves her eyes appearing normal and has had occasional embarrassing experiences when bus drivers asked her if she couldn't see. She doesn't enjoy this kind of remark but related it with a smile and little resentment.

CHAPTER VI

CONCLUSION

In the "Introduction" the hypothesis was stated that greater physical mobility of a blind person means greater occupational and social flexibility. I do not feel this study has proven this hypothesis to be either true or false. However, there are certain general indications which bear some discussion and many points which need further research.

Even though only two people with travel vision were interviewed, I believe their responses indicate conclusively that if the partially seeing need any kind of travel training at all, it should be entirely different from that given the totally blind. Their needs are primarily emotional rather than physical. Most of the worry these two people showed seemed to be centered around such things as bearing a bus in a manner not to reveal the visual impairment. The man especially did not want to be thought of by his co-workers as "blind" and it is evident there may be some doubt of the extent to which the handicap is accepted. It would appear that the help such people need is in understanding their own emotional reaction to being able to see and do many things the same way sighted people do them, -- things the totally blind cannot do in quite the same way, -- and

yet usually leading enough vision to function just as sighted people do.

From the author's personal and professional experience, it is evident that partially seeing people often have a higher status in a blind group and feel they have a lower status with a sighted group. These and many others emotional problems might be worked out on a group therapy level, similar to that described by Cholden.[1] Casework service, and in some cases psychiatric service, would also be of great help in working out these problems, but no specific travel training course would contribute any more to the lives of these people as the majority of them have solved the physical mobility problem within their own limits. Far more research is needed concerning the emotional needs of this special group.

Let us then consider only the 7 remaining respondents. Of these 7, only 3 travel independently, and 4 obtain maximum use of the human guide. Of the first 3 mentioned, only one has had specific travel training. The other 2 were sufficiently motivated to acquire the necessary skill through the trial and error method. One of these has held a steady job in competition with the sighted, has married, purchased his own home and is raising a family. The other has for many years of his life earned a living entertaining and mixing a great deal with sighted people. All 3 have achieved social

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[1] Cholden, p. 26.

and economic integration in a sighted society.

Of the remaining 4, 3 use human guides primarily and manage to live constructive lives, also holding their own in economic and/or social competition, but to a more limited degree. The employment areas in which they work are employment areas set aside, at least in part, for the exclusive use of the blind. Anybody can do sales work and operate a stand, but the Randolf-Shepard Act makes it a little easier for a blind person to function economically, as a vending stand operator. X-ray technician work is done by the sighted, but it is necessary for an employer to organize his technicians in such a way that all the developing work is done by one technician, in order that a blind person may be employed. In a sense then, things are made a little easier in these two types of employment, for the blind person is given a little head start. The fourth man, the bench worker described as the most dependent respondent, competes economically by holding a sedentary type of job. His social integration is definitely poor.

From the material in the literature concerning emotional adjustment, it is easy to see that there are many underlying emotional factors which effect general adjustment to life and if the person is blind, then adjustment to blindness. It is impossible to determine from one interview with these people, how much of early life experience and family background is contributing to their present adjustment to mobility. We noted that two vending stand operators have

both solved the travel problem in similar fashion, getting around unaided in familiar places but depending a good deal otherwise on sighted people. One of these women has a very small amount of useful vision and thus maintains a little more independence, traveling in some of the downtown areas of Hartford. However, otherwise their mobility is similar. Yet nothing else in their lives is similar. One lives apart from her family but visits them often. The other lives at home but stays there more because she is avoided than because there are strong emotional attachments. They are about thirty years apart in age, and one was away from home a great deal as a child, attending the school for the blind and earlier a nursery for blind children. What has been similar in the lives of these two women that has caused them to solve the travel problem similarly? We can only guess and unless some kind of extended history were available on both of them, we could not attempt to answer this question.

If we knew more about the early lives of all our respondents, we might have some clue to the matter of dependence, which is certainly an important part of the adjustment to the travel situation. We can see a most marked contrast between two respondents. The first, the veteran, made a quick and easy adjustment to learning to travel very soon after losing his sight. It is true he had the advantages of being young, otherwise healthy and having other blind men around him, knowing he was not alone with his handicap. But he was one of the first to develop the travel skill and did not need

to wait to see others develop it first to give him reassurance. This man helped to instruct others at two hospitals, Valley Forge and Avon and returned to civilian life to marry and raise a family and feel that he had few problems. Surely there were qualities already existing in his personality at the time of onset of blindness which made his period of adjustment relatively easy. Though he may probably have experienced feelings of depression and inadequacy, the period of time was sufficiently short that he does not remember it as an overwhelming experience. Or perhaps his strongly masculine nature did not permit him to reveal feelings of weakness, difficulty or bewilderment in a first interview. All the other respondents admitted verbally that there were problems and difficulties involved in having a visual handicap, which had upset them greatly at some time.

In contrast, the helpless man who sat in one position for an hour and told of how deprived he was, is an extreme example of someone who, though he is self supporting, has made a minimum adjustment to being blind. As was noted earlier, this man lost some vision in his late teens, and it is highly possible that he never accepted this first loss, living in fear of being blind, with all the helplessness of the "blind beggar." This theory is born out by the statement he made concerning another blind man who works in the same factory. When respondent was asked if he know this man, he said he had noticed him with his guide dog, before his own loss of sight a few years ago. But he had "never had the

nerve" to walk up and speak to him.

We can also ask ourselves what this man's relationship to his wife was before his loss of sight. Probably she was always the protecting stronger person. The respondent feels proud of nothing despite the fact that he has raised two daughters who have married happily. He speaks of himself in a depreciating fashion, feeling he can do nothing. How might this man have been different if casework service had been available when he lost his sight? Probably not much improved. He told how the Board of Education of the Blind sent a home teacher at that time, but she only taught him to make belts and pot holders which did not bring in much money. He was apparently not ready to accept or understand any other phase of the teacher's service and we can assume that this man already had a deep seated personality problem long before losing his sight.

Probably neither this respondent or the veteran would have benefited greatly from more help and training than they received. But closer to the center of the continuum are the other 5 respondents. Two of these people have learned to travel through their own resources. The other 3 depend largely on sighted assistance. Possible reasons why the 2 young ladies who received partial training never used it have already been discussed.[1] These are both typically feminine women who enjoy the company of others and prefer a guide who gives information and companionship. Though they both express

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[1]Supra, pp. 65-66.

desire for a training course with a general idea of gaining more advantages in life through using the skill, neither has been sufficiently needful of getting about alone a great deal and neither expresses a feeling of great frustration or deprivation due to lack of independence.

It is uncertain whether these 2 respondents might have adjusted differently to travel with more training. Still it would be worthwhile to test the hypothesis that this kind of person can be more self sufficient travelwise by giving him training for travel early in adult life or very shortly after onset of blindness. Probably, to be effective, such training would need to be combined with casework and other therapeutic experience such as would be experienced at an adjustment center.

The third lady who uses a guide primarily and who has almost no useful vision and travels in familiar places without a cane, appears to be conscious of more conflict in the area of travel. She admits there is nervous strain in her method of getting around alone, but cannot bring herself to carry a cane. Here we might well have a person who would have been a likely candidate for a caseworker or a readjustment center in her young adult life. Unfortunately, adjustment centers have only sprung up since World War II and its veteran's program which opened a few people's eyes concerning unexplored potentials of the blind to make a more complete adjustment, especially when retraining was begun soon after visual loss.

sufficiently important to discuss further is the finding that when asked for an amusing anecdote concerning travel, more than one respondent told a story which emphasized the "blind beggar" attitude of society. Many blind people see their own accomplishments as individual but certainly feel discouraged when society does not share this attitude. This situation reinforced the feeling that the blind are a separate subculture and must stand together because they are all treated alike anyway.

To estimate how much mobility is effected by lack of training could only be done if we had a control group -- people with the same characteristics as our untrained group, only with travel training. Then comparisons could be made and evaluations would be justified, but finding such a group would be next to impossible. Therefore, I feel it would be far wiser to pursue more research in the area of emotional and personality factors as they operate in the lives of blind people. Then we would have some statistical bases for predictions of behavior and forming of treatment goals.

A start has been made with a few master's theses on specialized subjects, the Nauman study and other overall studies still in progress. But the most neglected area in the field appears to be that of emotional adjustment as related to personality factors developed through early life experiences. In other words, as reflected in the literature this author has been able to review, almost none of the work done with the blind has been psychodynamically oriented.

Agencies for the blind are as old as many other kinds of social agencies, yet the two psychiatrist, Cholden and Blank, who wrote their articles after 1950 each said that their work as consultant and group therapist was a brand new venture. Psychiatric consultation is not, of course, to be looked on as a panacea. But an agency giving good casework on a treatment basis should be using psychiatric consultation, even if the psychiatrist doesn't treat the clients directly, and should have some well kept caseworK records on which studies can be based. Why cannot this be true of our agencies for the blind?

It is true that any caseworker or psychiatrist can work with a blind person and the agency for the blind itself is not needed in order for the blind person to get treatment concerning his emotional problems. But where are we going to go to gather statistical material to prove or disprove some of the theories in existence today concerning emotional factors and blindness? To gather detailed data from all community agencies on a nation wide basis would be an expensive and overwhelming job, but it may be that the time is ripe for this kind of research. There has been entirely too much guessing in the field of work for the blind.

Recommendations

This study was initiated for the purpose of exploring the need in Connecticut for training in independent travel. Only 3 of the 7 respondents without useful vision have achieved complete independence in travel. One had training and 2 had

the aggressive drive sufficient to overcome the objections of their families, face the patronizing attitude sometimes encountered from society, and go out alone and learn to travel. It is also important that all but one of the group who had not achieved independence in travel, expressed the desire for it. Only one respondent flatly refused independence.

The readiness of the other 3 for independence might be doubted for their solution has been to use independence partially and dream wistfully about greater achievements. Readiness comes from within the individual but how can we determine what brings about readiness without studying the personality of the individual?

It is this author's opinion that the blind need to be given travel training, but only if it is given in combination with other therapeutic disciplines. The team approach of ophthalmologist, caseworker, educational therapist, occupational therapist, recreational therapist, vocational counselor and consulting psychiatrist should be ideal, but if this is not available, then it would be imperative to use at least the services of a caseworker trained in the diagnostic approach. Before and during training, this person should develop a close relationship with the client so that he can begin to understand and face his own feelings about his blindness and how it effects all aspects of his life. Then and only then, can we be sure we are truly meeting the needs of the blind client.

APPENDIX

INTERVIEW GUIDE

Name_____ Date_____

Address_____

Place of Employment_____

Sex_____ Age_____

Cause of Blindness_____

_____

Amount of Residual Vision

____ Total blindness
____ Light perception
____ Motion perception to 5/200
____ 5/200 to 10/200
____ Other

Age at onset of blindness_____

Length of time vision has remained stable_____

Education (grades completed in integrated and segregated school)

_____

Special or vocational training (specify kind and duration)

_____

Type of employment_____

Length of time in present employment_____

Satisfaction with employment_____

_____

Marital status_____ No. of children_____

Living arrangements_____

Satisfaction with living arrangements_____

_____

Extent of independent travel

Do you refrain from going out if no guide is available?_____

_____ In and around the home only
_____ In familiar places including job
_____ Anywhere desired

What has been your experience with Travelers Aid?

_____

Method of Travel

_____

_____ Sighted guide
_____ Cane
_____ Guide dog
_____ No Assistance
_____ Taxis and porters

Residence

_____ Country
_____ City
_____ Within walking distance of work
_____ Where public transportation is available
_____ Car needed to go anywhere

Family attitude toward travel_____

_____

Client attitude toward travel - method preferred_____

_____

Travel training_____

Recreation

_____ Adult Education Classes
_____ Group Work Agency
_____ Blind Peoples Association
_____ Blinded Veterans
_____ Lodge or Club
_____ Conn. School for Blind Alumni
_____ Enjoy family group
_____ Enjoy small friendship groups

_____ Church membership
_____ Church social group
_____ Movies
_____ Radio
_____ Reading
_____ Concerts and Theater
_____ Other_____
_____ Hobby_____

Feeling regarding mobility:

If you could travel more independently, how would this effect your family life? Would you engage in different recreational activities? Would you choose a different type of employment?

How do you think this affects other blind people?

_____

_____

_____

BIBLIOGRAPHY

Articles

Adams, Charles Magee. "This Business of Being Blind," What of the Blind: The Development and Scope of Present Day Work With the Blind. ed. Helga Lende, New York: American Foundation for the Blind, 1941, II pp. 3-7.

Anderson, Dorothy E. "The Social Caseworker in Relation to the Concept of Blindness," Social Casework, XXXI (December, 1950), pp. 416-420.

Ave-Lallemant, Frederick W. "A Review of Travel Methods — Their Advantages and Disadvantages," Proceedings: American Association of Workers for the Blind, (June, 1951), pp. 80-88.

Aach, Arnold. "Blindness and Travel," Outlook for the Blind and Home Teachers Forum, XLII (October & November, 1949), pp. 213-218 and 243-250.

Barnard, Margaret. "The General Caseworker and the Blind," What of the Blind? ed. Helga Lende, New York: American Foundation for the Blind, 1941, II pp. 96-103.

Belmont, Leontine F. "Casework Techniques in Work With the Blind," The Family, XXXIII (March 1942), pp. 8-13.

Black, H. Robert. "Integration of Psychiatric Services in a Casework Agency for the Blind," New Outlook for the Blind, XLVI (October, 1952), pp. 229-231.

_____. "Psychoanalytic Considerations for Professional Workers in the Prevention of Blindness," Social Casework, XXXVI (July, 1955), pp. 319-324.

Case, M. "Orientation — Outdoor Travel at the New York City Lighthouse," Outlook for the Blind and Teachers Forum, XLII (January, 1948), pp. 42-44.

Chevigny, Hector. "A User's View of the Guide Dog as a Travel Aid," Blindness. ed. P. A. Zahl Princeton, New Jersey: Princeton University Press, 1950, pp. 378-385.

Gholden, Louis, M. D. "Group Therapy With the Blind," Group Psychotherapy, VI (May & August, 1953), pp. 21-29.

_____. "Some Psychiatric Problems in the Rehabilitation of the Blind," Menninger Clinic Bulletin, XVIII (May, 1954) pp. 107-112.

_____. "The Role of the Psychiatrist in the Adjustment Center for the Blind," New Outlook for the Blind, XLVI (October, 1952), pp. 225-228.

Coon, Nelson. "Guide Dogs for the Blind: Whose Idea Was It?" New Outlook for the Blind, L (June, 1956), pp. 192-193.

Dorn, Sidney I. "Some Notes on Research Problems With the Blind," New Outlook for the Blind, L (June, 1956), pp. 200-204.

Fitzsimmons, Margaret. "Treatment of Problems of Dependency Related to Permanent Physical Handicap," The Family, XXIII (January, 1943), pp. 329-336.

Gofiner, H. Michael. "The Blind Are Not Apart," Survey Midmonthly, LXXXI (January, 1945), pp. 14-16.

Gravitz, Leonard. "Social Participation of Blind Adults: A Study," New Outlook for the Blind, XLVIII (May, 1954), pp. 149-151.

Hardin, Owen. "Methods of Community Participation in Programs for the Blind," What of the Blind? ed. H. Lende, New York: American Foundation for the Blind, 1941, II pp. 104-110.

Hayes, Samuel P. "Psychology of Blindness," What of the Blind? ed. H. Lende, New York: American Foundation for the Blind, 1938, I pp. 86-101.

Hines, Joseph H. "Some Concepts of Blindness in American Culture," Social Casework, XXXI (December 1950), pp. 410-416.

Hoover, Richard E. "The Cane as a Travel Aid," Blindness, ed. P. A. Zahl, Princeton, New Jersey: Princeton University Press, 1950 pp. 353-365.

_____. "Foot Travel at Valley Forge General Hospital," Outlook for the Blind and Teachers Forum, XXXII (November, 1948), pp. 247-251.

Hurlin, Ralph G. "Estimated Prevalence of Blindness in the United States," New Outlook for the Blind, XLVII (September, 1953), pp. 189-196.

Klein, Milton H. "An Individualized Approach to the Problems of Blindness and Impaired Vision," What of the Blind? ed. H. Lando, New York: American Foundation for the Blind, 1961, II pp. 87-95.

Lion, Jorgen L. "Can Orientation be Taught Blind Students?" Outlook for the Blind and Teachers Forum, XXXVIII (March, 1951), pp. 64-67.

Lowy, S. Hanks. "On the Blind Walking Alone and of Guides," (re-print 1872) Outlook for the Blind and Teachers Forum, XLII (April 1949), pp. 106-110.

Lowry, L. A., Dolor, O. J. "The Use of the Cane, Outlook for the Blind and Teachers Forum, XLIII (September, 1949), pp. 197-200.

Lowenfeld, Berthold. "Psychological Aspects of Blindness," Outlook for the Blind and Teachers Forum, XL (February, 1947), pp. 31-36.

Maloney, Elizabeth H. "Social Casework Approach to the Visually Handicapped Client," New Outlook for the Blind, L (April, 1956), pp. 129-131.

Miller, Martha B. "Foot Travel Without Sight," Outlook for the Blind and Teachers Forum, XL (November, 1946), pp. 24-47.

Nunte, Stella B. "Home Teaching and Casework With the Blind," Blindness, ed. P. A. Zell, Princeton, New Jersey: Princeton University Press, 1950, pp. 119-140.

Potter, C. Stanley. "Orientation to Blindness," Outlook for the Blind and Teachers Forum, XLIII (December, 1949), pp. 290-292.

Smith, John S. "Orientation: The Case for an Individualized Approach," Outlook for the Blind and Teachers Forum, XLII (January, 1948), pp. 13-17.

Stalnaker, Wade C. "Ramsey Diagnostic Adjustment Center for the Adult Blind," Outlook for the Blind and Teachers Forum, XLIII (February, 1949), pp. 31-35.

Trupin, Philip G. "Foot Travel Via Reverse Cane Technique to Placement," Outlook for the Blind and Teachers Forum, XLIII (April, 1949), pp. 111-112.

Wallace, Helen M., M. D. "The Role of the Social Worker in the Rehabilitation of the Handicapped," Social Casework, XXXVIII (January, 1957), pp. 15-22.

Weiss, Carl. "Reality Aspects of Blindness as they Affect Casework," The Family, XXVI (February, 1946) pp. 363-368.

Witcher, Clifford M. "Guidance Devices for the Blind," Outlook for the Blind and Teachers Forum, XLII (March, 1948) pp. 65-69.

Witcher, Clifford M., Washington, Lamar, Jr. "Visual Replacement Projects," Quarterly Progress Report, Research Laboratory of Electronics, Mass. Institute of Technology (January, 1953), pp. 90-98.

Books and Reports

Bauman, Mary K. Adjustment to Blindness: A Study as Reported by the Committee to Study Adjustment to Blindness. Harrisburg, Pennsylvania: State Council for the Blind, Department of Welfare, Commonwealth of Penna. Dept. 1954.

Bollenbacher, Karl. England's Road to Social Security. Philadelphia, Pennsylvania: University of Pennsylvania Press, 1943.

Federal Security Agency, Office of Vocational Rehabilitation. Adjustment and Prevocational Training for the Blind. A symposium conducted at the Conference of State Workers for the Blind, Pottsville, Pennsylvania, September, 1946. Staff Development Aid No. 7, Rehabilitation Service Series No. 66.

Hergenham, Clare; Dudley, Henry, ed. Adjustment Centers for the Blind: Findings of the Hardy Hill Conference, February, 1951. New York: American Foundation for the Blind.

Texas Legislative Council. A Study of the Feasibility of Instituting a Guide Dog Program for the Texas Blind. Austin, Texas, 1956.

Witcher, Clifford M. Analysis and Design of a Travel Aid for the Blind. Cambridge, Massachusetts: Research Laboratory of Electronics, Mass. Institute of Technology, 1955.

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Reeves, Eleanor A.
Physical mobility of the blind...

Date Due

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AUTHOR

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